

AN ANALYSIS OF THE DEVELOPMENT OF ORCHARD PLACE--
A RESIDENTIAL TREATMENT CENTER FOR
EMOTIONALLY DISTURBED CHILDREN

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Merwin R. Crow
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by

Merwin R. Crow

Approved by Committee:

Dr. James Halversen
Chairman

Dr. Richard Brooks

Dr. Charles Greenwood

Dr. Lewis McNurlen

Dr. Charles Rowley

Dr. Earle L. Canfield
Dean of the School of Graduate Studies

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Advisor: Dr. James Halversen

Originating in 1886, this social agency was known as the Des Moines Home for Friendless Children and functioned as a foster shelter care facility for dependent and neglected children, generally up to age 12. Its role for the community was to provide care for young, often ill, children until they were physically well or could be returned home or placed by a committee of the Board of Directors in a permanent home. This service function continued for 77 years and included a name change to Des Moines Children's Home.

The major motivation that sustained the program was the determination of the Board, consisting of thirty women, that their project would be successful in the face of recurring fiscal pressures. Numerous schemes to raise funds for ongoing operations, as well as to construct a new building were mounted. A declining enrollment and a non-relatedness to an emerging need in Iowa to program for emotionally disturbed children eventually led to the closing of this child care institution in 1963. This decision by the Board came as a result of an evaluation by a professional from outside the community.

A methodical transition to a goal-directed, individualized residential treatment center for emotionally disturbed children based upon a detailed analysis of the needs of the community, was begun in 1963. The field of institutional care for children nationally had experienced problems similar to those faced by this agency which chose to change and adapt to the needs of the community.

Orchard Place, the name of the new program chosen by the Board, opened its doors in February 1965 as a residential treatment center for 12 emotionally disturbed children between 8 and 16 years of age, and evolved to include a resident population of 40 on its main campus. The treatment program consists of individual psychotherapy, special education and therapeutic living designed for and with each child. Among other services, a group home/half-way house program was begun in 1970; a foster placement service in 1971; and a therapeutic learning center program in 1974.

Based upon the evidence in the literature, current practice in the field and the experience of Orchard Place, several trends emerge. Among these are: the increasing number of children needing residential treatment; improved funding from the State Department of Social Services at a level near actual cost; an increasing emphasis on accountability and results measurement; and legislation in an increasing number of states that requires that status offenders not be sent to state training schools. This latter issue will place more first-time offenders and pre-delinquent children in the child welfare system, rather than the juvenile justice system, and consequently in residential treatment centers.

Orchard Place appears to be in a position to relate well to these evident trends and to provide services relevant to the needs of the community it serves.

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Chapter 1

INTRODUCTION

The Des Moines Home for Friendless Children was established in June 1886 after three concerned women met and determined to address a pressing community need for a program to provide adequate residential child care. Mrs. L. M. Mann, Mrs. Anson Reynolds and Mrs. A. J. Rawson were those founders whose initial concern was for the waifs, orphans and abandoned children who constituted an evident social problem. This new social agency took on the mission of providing shelter care for dependent and neglected children and so functioned until its closing in 1963.

In December 1962 a thorough and detailed analysis of the needs of the community's children by a professional consultant, hired specifically from outside the community, was performed. As a result, a long-standing community resource closed because it no longer provided a needed service. The remaining children in residence were placed in other foster care facilities and staff were terminated.

The Board was challenged to develop a new concept of care--residential treatment for emotionally disturbed children. A new executive director was hired in September, 1963, to spearhead the move and assist in bringing into existence what is now known as Orchard Place, located at 925 SW Porter Avenue, Des Moines, Iowa.

Orchard Place, a residential treatment center for emotionally disturbed children, is located on a rolling, wooded five-acre Main Campus. It accepts children into residence who evidence a desire for help and a willingness to participate in a treatment program designed specifically for and with them. This treatment program includes an individualized program of casework therapy, special education and therapeutic relationships in cottage living. Forty children are in residence on its Main Campus and ten more children live in a group home program located on the West Campus at 1301 Kenyon Avenue, Des Moines. Orchard Place also operates two Therapeutic Learning Centers for the Des Moines Independent Community Schools under a grant from the National Institute of Mental Health, Department of Health Education and Welfare. The present services also include a Prevention and Diagnostic Center, a foster home placement service, and contractual consultation to numerous community, state and out-of-state agencies. It is an integral component of the Polk County Mental Health Center in its provision of in-patient services for children, as well as community consultation and education services.

PURPOSE

This dissertation focuses on the historical development aspects of the care and treatment of dependent and neglected children within the context of a particular

institutional setting. It also deals with the care and treatment of emotionally disturbed children who replaced dependent and neglected children in many progressive institutions throughout the United States, Canada and Western Europe. In addition it will also explore the development of the Des Moines Home for Friendless Children within the historical and social context in which it was inaugurated, tracing the issues that led to a transition from a shelter care facility to a modern treatment center. Specific reference will be made to the impetus for change, and significant and recurring themes that aided in the evolutionary process. The factors that led to the development of the present operating agency will be discussed.

The parallel development of this program with those of others nationally will be noted, as such are evident in the literature. Finally, a projection as to the likely future of Orchard Place will be made based on current trends in residential treatment for children.

SCOPE

Insofar as its focus is institutional, this presentation will relate to institutions that began by caring for dependent and neglected children and changed to caring for emotionally disturbed children. It will not include outpatient care, or specific treatment facilities, such as group home care, or foster care. Further, it will not deal

with typologies of children, such as delinquent, status offenders, retarded, physically handicapped, blind or deaf children. Its scope will be limited to historically tracing the development of institutional care as evidenced in the available literature, from asylum and orphanage-care through the evolution to children's homes, schools and treatment centers. Specifically, this dissertation will focus on the development of one such institution--the Des Moines Home for Friendless Children (1886-1920), which later changed its name to the Des Moines Children's Home (1920-1963) but whose function continued essentially the same. The final transition to Orchard Place (1963 to the present) will be traced from the available records and from first-hand recall of the principal.

SIGNIFICANCE OF THE STUDY

Since such an analysis of Orchard Place has never been done, and inasmuch as the transition was successful and the agency has had a ten-year record to document its effectiveness, the Orchard Place experience is unique among similar institutions with similar backgrounds. Many agencies face the dilemma of diminishing relatedness to evident needs and accept a mandate to change. Such does not in itself guarantee change, nor, if attempted, is effective change assured in the form of providing a needed, appropriately available and affordable service for a given community. In the author's

opinion, Orchard Place has become a prototype for similarly developing programs throughout the United States. The basis for this transition and the concomitant commitment to children will be explored in light of emerging concepts of treatment and trends in the literature and will add to the available fund of information on the subject.

DESIGN OF THE STUDY

Using such primary sources as the handwritten minutes of the Board of Directors meetings, Annual Reports of the Board, Annual Reports of the Executive Director, newspaper articles, first-hand recall by the principal, and other sources where indicated, evident developmental trends will be summarized. Time frames that evolve, along with dominant themes, will be identified to facilitate and outline the narrative. Because the development of the original program and its ultimate closing is best understood in its historical context, little attempt has been made to alter the natural flow of events as recorded in Chapter 2.

A review of the literature related to the development of institutional care is presented in Chapter 2, for a frame on which to construct the concept of residential treatment. This provides an international background with reference to the significant movements and leaders in the field, as well as the diverse conceptual orientations that have served as theoretical and practice models for child

institutional care in general and residential treatment programs in particular. Chapter 2 ends with a generally accepted definition of residential treatment, which will be further elaborated upon in Chapters 4 and 5. Chapter 6 concludes with national and local trends and projections.

DEFINITIONS

For the reader unfamiliar with mental health terms, the more frequently used ones, not defined or evident in the text, are explained below as they relate to this document.

Adjustment Reaction (Adolescence/Childhood). A diagnostic designation used to indicate a transitional pathological behavior disorder usually characterized by acting out or rebelliousness.

Aftercare. The provision of counseling and minimal supervision for children previously in one of the residence programs of Orchard Place with the purpose of assuring the child's adjustment in the community and averting re-admission to an in-patient center.

Autistic. A diagnostic term used to describe an escape from reality into extreme and severe fantasies (often known as Early Infantile Autism).

Casework Therapist (Psychotherapist). This staff person is trained at the Masters Level, generally in social work or psychology, and is charged with direct counseling and psychotherapy for the child and his parent(s), and the

maintenance of inter-agency relations with the referring and aftercare agencies, and other community resources.

Character Disorder. A life-adaptation that shows up as a defect in judgment, relationships with others or a skewed conscience, often to the point that the person believes that he is a law unto himself.

Child Care Worker (Youth Service Worker). Generally in possession of a bachelor's degree in the humanities or social sciences and having a decided capability to work with people, particularly disturbed children, this staff person is charged with the therapeutic life-management of the child any time he is not otherwise scheduled for special education during the usual school day, for casework therapy (psychotherapy) or off-campus visits.

Group Home (Half-way House). The provision of a transitional or intermediate care facility for children previously in in-patient residence. Often used as an alternative to the intensive care offered in a residential treatment center and/or as an extension of service for the child returning to the community.

Neurotic (Neurosis). A diagnostic term used to describe a person plagued with unreasonable fears, excessive anxieties, compulsions, or frequent physical symptoms having no physical basis.

Pre-delinquent. A term that describes a child whose behaviors evidence a decidedly delinquent tendency, either

toward breaking laws or committing offenses known as status offenses (truancy, ungovernable behavior, running away, etc.).

Psychoanalysis. By means of free association or dream analysis, a professional analyst attempts to uncover the causes of distress or illness by unraveling with the patient his earliest life-experiences, and subsequent developmental crises.

Psychotic (Psychosis). A diagnostic term used to describe strange behavior out of context with reality characterized by one or more of the following: fantasy, withdrawal, delusions, hallucinations, extreme mood shifts, perseveration, or depression. When seen in children, it is often diagnosed as Childhood Schizophrenia.

Schizoid. A term used to indicate a decided tendency toward schizophrenia or the symptoms of schizophrenia. When stated as schizoid personality, such indicates a life adaptation that appears to be marginally related to reality.

Schizophrenia. See "Psychotic."

Special Education. An on-campus educational program for children unable to participate in the regular school system classes with the objective of assisting the child to return successfully to the regular classroom. Special Education Teachers holding a Masters degree, or a Bachelors degree, may be certified to teach emotionally disturbed children in the Special Education program.

Chapter 2

REVIEW OF THE LITERATURE

The origins of institutional care for children are diverse and varied. To focus on relevant historical material for the purposes of this paper is to begin with the origins of orphanages and asylums in the United States. At the same time significant programs in Europe will be noted as they relate to the evolution of thought and action toward the establishment of appropriate and necessary care and treatment for children. This chapter will also define the concept of residential treatment for emotionally disturbed children and point out some of the differences and similarities among authors known in the field.

Because of an Indian massacre in 1729 numerous orphaned children were brought into the Ursuline convent in New Orleans to be cared for by the sisters. This was the first known group care for needy children separate from adults in this country. Religious and fraternal orders played a prominent role in the early development of group care for children.¹

The care of dependent children in almshouses was considered progressive and humane during the latter half of the eighteenth century. Prior to that time,

¹Howard W. Hopkirk, Institutions Serving Children (New York: Russell Sage Foundation, 1944), p. 3.

dependent children were auctioned off to the highest bidder ready to pay for the right to keep and exploit them or they were "indentured" or "bound-out" by the courts to farmers, craftsmen or tradesmen who considered them a source of cheap labor. The historical record suggests, however, that efforts to economize carried a decisive weight in public choices about children who were, after all, only the offspring of "inferior segments" of the population.¹

In 1866 Ohio became the first state to pass a law that permitted counties to establish children's homes, which led to the opening of fifty-six in that state.²

The state of Michigan, in 1874 opened a State Public School, later called the Michigan Children's Institute, to improve on the county home model of care for dependent children. In 1936 this large institution was re-programmed to care for mentally defective children. Other states that tended to focus on congregate care in large state-run institutions were Iowa, whose soldiers and sailors home opened in 1863, Indiana (1865), Ohio (1869) and Pennsylvania (1895).³

Abroad, it was in the war-devastated village of Stanz, Switzerland, in 1798 that government officials turned to Johann Pestalozzi to establish an asylum for its orphaned

¹David G. Gil, "Institutions for Children," Children and Decent People, Ed. Alvin L. Schorr (New York: Basic Books, Inc., 1974), p. 69.

²Hopkirk, p. 5.

³Ibid., p. 6.

and homeless children. Pestalozzi was a well known educator who had operated a farm school in Neuhof, Switzerland. His institution in Stanz can be described as a cross between an asylum and a school, and was sometimes referred to as an educational facility and sometimes as a poorhouse. He not only taught the children but also did a thorough and written analysis of each child.¹

Both the words orphanage and asylum are anachronisms today and have given way to children's home, school or treatment center.

Illinois typifies the use of the title "school". In the 1933 census of organizations, this state listed 124 institutions for dependent and neglected children. Ten were called industrial schools for girls, eight manual training schools and ten others used the word school in their title.²

Although the typical school stressed both academic and vocational skills, as well as basic child care, there persisted a notion that the more talented children should be kept in residence and seen through high school if not college. Thus brighter children tended to stay considerably longer than those who left the asylum or orphanage at age twelve or fourteen.³

¹Hopkirk, p. 11.

²Ibid., p. 13.

³Ibid., p. 14.

From the 1933 census of dependent and neglected children, it is noted that over one-half of the 2,280 organizations listed (which included institutions and foster family agencies) used the word home in their name. Many attempted to combine the role of home and school, with a decided move away from dormitory living and toward cottage style living. Older monolithic-type buildings were divided up so as to provide smaller and more family-sized living units.¹

Hopkirk puts the home emphasis in perspective:

As far as possible the institution should account for the experiences and emotional values which exist for a child in a well-organized home.²

Gil translates the unique contribution of institutional care by defining the individualized nature of the relationship:

Perhaps the most significant criterion of the quality of life of institutional children is the extent to which an institution's milieu facilitates individuation rather than regimentation. Actualization of every child's development potential and human worth--the professed goal of child welfare services--requires that children be individualized in interaction with truly caring adults, adults who respect them, hold out standards for their development and stimulate self-respect and aspirations in the children.³

As those children needing institutional care became

¹Hopkirk, p. 20.

²Ibid., p. 21.

³Gil, p. 77.

more disturbed, another dimension began to emerge in the field of group care for children. In addition to the home and school emphasis there was emphasis on treatment and counseling, which gave rise to the concept of the residential treatment center.

Some of the earliest notions of residential treatment as a therapeutically indicated treatment of choice for emotionally disturbed children were promulgated by a Viennese psychoanalyst, August Aichhorn, who described his work with disturbed youngsters in Wayward Youth (1925). This classic text was translated into English and published in the United States in 1935. The wide distribution of this book gave considerable credence to the concept of residential treatment for children. Although Aichhorn admitted to being vastly less-than-successful and turned his houseful of boys over to his younger assistant, his ideas live on, as does the application of psychoanalytic principles in the treatment of disturbed children.¹

Dr. Aichhorn insisted upon a maximum use of psychological catharsis in the daily life of the children. He reports an extreme situation in which treatment included toleration by workers of destruction of some of the cottage equipment

¹August Aichhorn, Wayward Youth (New York: Viking Press, 1934). (First published as Verwahrloste Jugend in 1925 by Internationaler Psychoanalytischer, Verlas, Vienna, Austria.)

rather than interference with the expression of emotions, which expression he considered a definite part in a child's treatment.¹

In 1938 Lillian Johnson argued for the potentiality of a small treatment institution for purposes of temporary observation, treatment and socialization of emotionally disturbed children, based on her experiences in the founding and development of the Ryther Child Center in Seattle, Washington. Speaking from first-hand experience she states,

The development of institutional units set up as treatment centers and staffed with professional or semi-professional personnel under professional direction has largely overcome the isolation of the expert from opportunities for first-hand testing of the applicability and effectiveness of treatment methods.²

Three early leaders in the field of residential treatment were Mayer, Bettelheim and Redl. Mayer focused his treatment program at Bellefaire in Cleveland on the neurotic and pre-psychotic child with considerable emphasis placed upon the importance of the child care worker in planning and carrying out individual treatment plans for the children in residence.³ Bettelheim, on the other hand, related his

¹Hopkirk, p. 31.

²Lillian Johnson, "Use of a Small Institution in Treatment of Personality Problems," Proceedings of the National Conference of Social Work, Washington, D.C., June 28-July 2, 1938, ed. Howard R. Knight (Chicago: University of Chicago Press, 1939), p. 314.

³Morris F. Mayer, Guide for Child Care Workers (New York: Child Welfare League of America, 1958).

program at the University of Chicago Orthogenic School, to severely autistic children who were barely verbally accessible.¹ He joined the school as its director in 1944 and functioned exclusively as the prime therapist and his staff served as efficacious extensions of the master to the children in residence. These children tended to stay in his program for six or more years, whereas those in Mayer's program, admittedly less disturbed, stayed on an average, less than three years. Redl, at Pioneer House in Detroit (September 1946 through June 1948), worked with acting out and pre-delinquent boys with whom verbal access was essential to build control via confrontation of the child with the irresponsibility of his actions.²

Hopkirk, writing in 1944, noted that the study home or treatment center concept of care was beginning to become popular in the United States and tended to follow the introduction of psychiatric services into the field of child welfare. His volume, entitled Institutions Serving Children,³ became a ready reference for the next decade that witnessed the emergence of numerous residential treatment centers.

¹Bruno Bettelheim, Truants from Life (Glencoe, Ill.: Free Press, 1955).

²Fritz Redl and David Wineman, The Aggressive Child (Glencoe, Ill.: Free Press, 1967).

³Hopkirk, op.cit.

In 1952 Reid and Hagan collaborated on a text entitled Residential Treatment of Emotionally Disturbed Children¹ which further sharpened the definition of residential treatment. In 1964 Hylton, in The Residential Treatment Center: Children, Programs and Costs,² built upon the 1952 text in an analysis of twenty-one centers by size, service and settings. Some agencies studied were considerably larger (100 beds) than some of the smaller (less than 20 beds). Other centers were attached to hospitals whereas many were a part of a larger social service agency that provided additional services to children within a continuum of care and treatment. To look back is to observe that one major review-text came out each decade, and significantly enough, the fourth decade text is underway, in the form of a working document, authored by Morris F. Mayer. This review of the field was submitted to those participants in the first National Conference on Group Care held early in 1976. Out of this will come a projection as to the "state of the art" and implications for the future of group care for children. It is anticipated that a significant summary text will be published later in 1976.

¹Joseph H. Reid and Helen R. Hagan, Residential Treatment of Emotionally Disturbed Children (New York: Child Welfare League of America, 1952).

²Lydia D. Hylton, The Residential Treatment Center: Children, Programs and Costs (New York: Child Welfare League of America, 1964).

Despite the diversity of centers, treatment modalities and patient populations, there are commonalities which, according to the Child Welfare League of America, include the following significant characteristics:

To provide treatment in a group care therapeutic environment that integrates daily group living, remedial education and treatment services on the basis of an individualized plan for each child, exclusively for children with severe emotional disturbances, whose parents cannot cope with them and who cannot be effectively treated in their own homes, in another family or in other less intensive treatment-oriented child care facilities. Service elements include: 1. Study and diagnosis to determine appropriate service and to develop a treatment plan for each child; 2. Work in behalf of or directly with children and youth in a therapeutic milieu during placement (including provision of group living facilities and the essentials of daily living such as dental care, and child care supervision); 3. Provision of treatment services as needed by each child (social work, psychiatry, psychology, remedial education); 4. Work with the parent while the child is in placement; 5. Postplacement activities during the readjustment period.¹

Weber and Haberlein have identified twelve criteria that define the purposes and advantages of residential treatment:

1. Deal with the maladaptive behavior of children
2. Deal with a deviant population along some behavioral or psychiatric continuum
3. Selection is through diagnostic assessment
4. Selection is for the purpose of treatment
5. Various program activities are integrated into the child's daily living

¹Child Welfare League of America, "Definitions of Child Welfare Services," 1975 Directory of Member Agencies and Associates (New York: Child Welfare League of America, 1975), p. xvii.

6. Attention to the individual needs of the population is maximized
7. Length of treatment is planfully flexible
8. Clinically trained personnel are employed (psychiatrists, psychologists, social workers, etc.)
9. High level skills are required of child care workers and others, based on optimal training and skilled supervision
10. Parents are required to participate in the child's treatment program
11. Settings are relatively open but geared to planned individual treatment programs
12. Effectiveness of its work is regularly evaluated.¹

Within the field, writers offer a variety of emphases in discussing key treatment issues, however, it is not the purpose of this paper to debate such but to illustrate the varied conceptual frameworks operative in the field.

Maier, on the faculty at the University of Washington, suggests that there are several essential components in residential treatment, namely, individual psychotherapy with the child, group therapy, work projects and management of the environment. He sees the child care worker as an integral staff person in assuring effective delivery of treatment to the child.²

¹George H. Weber and Bernard J. Haberlein, "Residential Programs: Their Component and Organizing Theories," Residential Treatment of Emotionally Disturbed Children, eds. George H. Weber and Bernard J. Haberlein (New York: Behavioral Publications, 1972), pp. 54-59.

²Henry W. Maier, Group Work as Part of Residential Treatment (New York: National Association of Social Workers, 1965), pp. 662-63.

Redl,¹ Bettelheim and Emmy² popularized the "therapeutic milieu" which encapsulates the notion that the whole fabric of a program must be woven therapeutically so as to benefit the child in residence.

Konopka and Matsushima are advocates of the group work approach to treatment in residence.³ In espousing this approach the writers opt to maximize the dynamics operative among children living, playing and attending school together. The value of living close and making use of what comes from this is stressed. Among those who emphasize the health or responsibility basis for motivation and movement in a residential setting are Glasser, Diggles, Adler and Birnbach.⁴ This group typifies those who have reacted to

¹Fritz Redl, "The Concept of the Therapeutic Milieu," American Journal of Orthopsychiatry, 24 (October 1959), 721-36.

²Bruno Bettelheim and Sylvester Emmy, "A Therapeutic Milieu," American Journal of Orthopsychiatry, 18 (April 1948), 191-206.

³Gisela Konopka, Group Work in the Institution (New York: William Morrow and Co., 1954); see also John Matsushima, "Group Work with Emotionally Disturbed Children in Residential Treatment," Social Work, 7 (April 1962), 62-70.

⁴William Glasser, M.D., Reality Therapy (New York: Harper and Row Publishers, 1965); Jack Adler, "General Concepts in Residential Treatment of Disturbed Children," Child Welfare, 47 (November 1968), 519-23; Mary W. Diggles, "The Child Care Counselor: New Therapists in Children's Institutions," Child Welfare, 49 (November 1970), 509-13; David Birnbach, "The Skills of Child Care," The Practice of Group Work, eds. William Schwartz and S. R. Salba (New York: Columbia University Press, 1971), pp. 177-98.

the classic and prolonged psychoanalytical approach that requires an in-depth and in detail dissection of the patient's past life in order to understand the present, whether or not the present life adaptation is dysfunctional. Inglis would support the case for authority and reality in working with delinquent-prone or character-disordered children.¹ Inasmuch as she wrote within the context of a state-operated treatment center-training school, the setting's implied constraints were used definitively toward assisting the adolescent toward a responsible non-delinquent life style. A case for structure and expectations is clearly made. According to Mayer, commonly agreed upon ingredients of the residential treatment center include education, child care and psychotherapy.²

The three above-mentioned basic divisions are found almost universally in residential treatment centers in one form or another and will be illustrated later in the Orchard Place model.

Both Mayer and Monkman stress the issue of pre- and post-care as essential to effective residential treatment.³

¹Dorothy Inglis, "Authority and Reality in Residential Treatment," Child Welfare, 43 (June 1964), 273-79.

²Morris F. Mayer, "The Role of Residential Treatment for Children," American Journal of Orthopsychiatry, 25 (October 1965), 667-68.

³Ibid.; John A. Monkman, "Continuity of Short Term Residential Care for Children Achieved through using

This dimension of programming is frequently neglected as the child leaves the institution or is ill-prepared to enter it. Preparation of the child and the parents or significant others in his life can allay numerous early difficulties in the placement and treatment process. Parents who are involved from the outset are less inclined to sabotage the treatment plan and more inclined to support the placement. The same is true for aftercare. These authors encourage the utilization of community support services such as the schools and significant others to assure the acceptance and success of the child returning to the community. A major case for community based counselors is made by Monkman to emphasize that treatment does not stop with the institution.

Hollingsworth sees children in residential treatment as those "whose stresses are of such a nature and degree that treatment within the family is impractical or impossible."¹ He stresses the seriousness of placement, by design rather than by default. In-patient care is only for the more disturbed children who cannot be effectively treated as outpatients.

Professionals Based in the Community," American Journal of Orthopsychiatry, 41 (July 1971), 327.

¹Hansel H. Hollingsworth, "The Child Caring Institution on the Move," The Annals of the American Academy of Political and Social Science, September, 1964, p. 43.

Polsky and Claster develop a conceptual framework in which they see residential treatment occurring primarily within the context of a psychiatric hospital.¹ To this author's thinking, such a position is particularly narrow and costly, and for the purposes of this paper, the medical model, in its strictest sense of in-patient hospital care, will not be considered. Rather, a multi- and inter-disciplinary model will be described in later chapters as the Orchard Place program is examined.

D'Amato, in offering his definition of residential treatment, feels categorically that goal-directed management, comprehensive responsibility and enough professional competence to anticipate and to guide the child are implicit and goes on to add:

Anticipatory guidance really deals with prevention. The return of the child to the community is prevention. What is being prevented is a certain probability of entrapment in an institution, keeping in view the pejorative sense which we readily understand about these things.²

This physician places considerable emphasis upon effective and comprehensive case management toward pre-determined goals, which speaks to a most desired goal--mental health.

¹Howard W. Polsky and Daniel S. Claster, The Dynamics of Residential Treatment: A Social System Analysis (Chapel Hill: University of North Carolina Press, 1968).

²Gabriel D'Amato, Residential Treatment for Child Mental Health (Springfield, Ill.: Charles C. Thomas, 1969).

Yet, D'Amato belies his belief in his means to that end with a covert disclaimer as to its efficacy. He seems to be admitting to the inexactness of his science. Further, he does not come to define clearly, in his lengthy text, the basic issue of prevention about which he speaks. To this author, prevention suggests that illness never happened. That which never occurred can thus not be treated, much less managed or measured. What D'Amato seems to be saying is that the efficacy of treatment lies in returning a treated person to a productive life. Although this is essential and commendable, it is prevention of a secondary nature. He, like many authors, does not define or espouse primary prevention, which is essentially a definition of mental health and has no illness-base.

Mandelbaum outlines a profile of the typical child admitted into a residential treatment center, which summation is particularly applicable for the purposes of this paper in that he depicts the common and generic factors operative in the lives of maladaptive children and very much in evidence in the lives of children in residence and treatment at Orchard Place:

The child who is considered a suitable candidate for residential treatment is not likely to have had the long satiation experience of nurturing and security essential to the development of identity and basic trust. His world has been chaotic, inconsistent, uncertain. His family has suffered breakdown because of events happening to his parents: separation, divorce, death, physical or emotional illness or

imprisonment. He himself may contribute to family breakdown through physical or emotional illness, severe retardation, acts of delinquency, or a combination of some or many of these factors which in their interaction are so intense and malevolent that the family can no longer tolerate or endure their impact.¹

Currently there are numerous advocates whose thesis is "deinstitutionalization" of all children.² These people seem to feel that any time a child is in an institution, it most certainly is contra-indicated, and the child should be released, to attain his right to freedom. Seldom is the right of the child to health considered which may necessitate a period of treatment, albeit in in-patient treatment. Further the child's needs are subordinated to his wants, and/or the desires of adults over-identified with the youth culture. Few of these advocates seem to grasp the potential impact of effective residential treatment for children.

The purpose of institutional treatment is well defined by Mandelbaum:

...to arrange life sensibly for those children whose lives have not been sensible, to bring order to lives that have not had order, to give an experience within a new framework of security where the events of each day and the child's

¹Arthur Mandelbaum, "Parent Child Separation: Its Significance for Parents," eds. Weber and Haberlein, p. 71.

²Yitzhak Bakal, Closing Correctional Institutions--New Strategies for Youth Services (Lexington, Mass.: D.C. Heath and Co., 1973).

reaction to them are examined for meanings that will gradually appear consistent and logical to him. In residential treatment the child repeats his past--it is the only behavior he knows--but he repeats it to have it examined by himself and others in a heightened, ordered way so that he can take up once again the torn threads of his interrupted and halted development and from the fragment left of his life, revitalize into a whole human being.¹

Ekstein describes the essence of the therapeutic process that occurs in residential treatment:

...as each child projects his inner world against the microcosm of the residence, by and large the staff will find from each other the strength to resist stepping into the role of the feared parents and give the child the nurturing protection he needs to restore his faith in himself.²

This is consistent with Weber and Haberlein who state, "Psycho-dynamic therapy aims to help the children resolve their intrapsychic conflicts, especially the unconscious ones and modify and strengthen their defenses."³

Inasmuch as a treatment milieu is a structured and means-to-an-end environment, these authors succinctly identify the dynamic core without which an institution becomes

¹Mandelbaum, pp. 71-72.

²Rudolf Ekstein, Judith Wallerstein and Arthur Mandelbaum, "Counter-Transference in the Residential Treatment of Children," The Psychoanalytic Study of the Child, Vol. 14 (New York: International Universities Press, 1959), p. 186.

³Weber and Haberlein, "Residential Programs: Their Component and Organizing Theories," eds. Weber and Haberlein, p. 61.

a mere caretaking operation.

Damage to children placed inappropriately is seldom addressed but is an essential issue easily overlooked by the marginally applicable institution wishing to preserve itself. This was a critical point at issue in the demise of the Des Moines Children's Home which will be discussed later. Wolins suggests that an institution providing care for children should either convert to provide therapeutic care as a residential treatment center for emotionally disturbed children, or should cease to exist.¹ It has thus become purposeful, if not fashionable, to provide residential treatment for emotionally disturbed children with the understanding that the underpinnings include a merging of the disciplines of psychiatry, psychology, social work and education to provide a milieu in which the child can find healthful and therapeutic living.²

In view of the emphasis that residential treatment places upon therapeutic change, it is important to note that the very entity itself came about as a result of change. Many residential treatment centers originated as asylums, orphanages or shelter care facilities. Some changed by

¹Martin Wolins, "Another View of Group Care," Child Welfare, 44, (January 1965), 10-18.

²Herschel Alt, Residential Treatment for the Disturbed Child (New York: International Universities Press, Inc., 1960).

revolution, others by evolution. In the latter case, the move to become a children's home often led to the introduction or change to a school in concept, and more recently, with a combination of therapeutic counseling, the three major pieces fall together: child care, education and counseling for children, sufficiently disturbed to warrant removal from their usual environment.

Some institutions, however, did close, rather than retool to meet emerging and evident community needs. Often the original beneficent goals which tended to mandate the takeover of the child from incapable parents were the very obstacles to change. Because older members of Boards cherished the notion that their way of providing care and assistance to children was best, many old programs were prolonged much beyond the point of need in the hope that little babies would again be in need of the loving arms of care provided by the single-function monolithic children's home usually located conspicuously in the community. However, progressive communities were placing such children for adoption or in foster home care, if indicated, to best meet the child's needs.

The following chapters will relate specifically to the closing and change of one such institution that determined to be relevant to the needs of its community and converted from a custodial care facility to a residential treatment center.

Chapter 3

THE DES MOINES HOME FOR FRIENDLESS CHILDREN FROM FOUNDING TO CLOSURE, 1886-1963

The Des Moines Home for Friendless Children was the predecessor of Orchard Place and its history provides the perspective within which the latter agency was founded. The handwritten minutes of the Board of Directors offer many evidences of the resourcefulness and determination of the founders of the Des Moines Home for Friendless Children. This chapter will review its founding, operation, and eventual closing. The emphasis is primarily on the processes and circumstances that evolved during this period; however, the records are incomplete and inconsistent. For example, one secretary of the Board emphasized the nature of the fund-raising schemes mounted, whereas another concentrated on the manner in which the children arrived at the Home. Annual Reports are available for only a few years, and are not consecutive. In recording names, often only surnames are used, or only surnames and initials.

The reader must bear in mind that this history has been reconstructed from the available material. No attempt was made to fill in the gaps and make the record more desirable or complete, as that would require fabrication of data. Occasionally, the author has conjectured as to probable causes of an action, when such could be based on known history or social conditions.

In order to describe the Home, it is necessary to discuss it in terms of specific eras in its history. These are:

Period I	1886-1899
Period II	1900-1929
Period III	1930-1945
Period IV	1946-1963

In each period, four recurring themes stand out in the record. (It should be noted that the emphasis changes within each period, thus the order in which these occur will change, in light of the emphasis in the record.) They are:

- I - The Board of Directors--its role and function
- II - The Children--their activities and backgrounds
- III - The Funding of the program--fiscal survival schemes
- IV - Staff--their place and utilization

For simplicity, these will be referred to in the headings as: BOARD, CHILDREN, FUNDING, and STAFF.¹

The Des Moines Home for Friendless Children opened June 1, 1886, at 1154 12th Street, Des Moines, under the supervision of three socially concerned women, Mrs. L. M. Mann, Mrs. Anson Reynolds and Mrs. A. J. Rawson. Their

¹Unless otherwise noted, the source for this chapter is taken from the official handwritten Minutes of the Board of Directors. The Board of Directors of the Des Moines Home for Friendless Children was constituted on June 1, 1886 at the time of the Home's founding. In June 1920, the Home's Board changed its name to "The Des Moines Children's Home." In October 1963 the Board added "Orchard Place" to indicate its new site and function as a residential treatment center for emotionally disturbed children. The present legal name of the agency is "Orchard Place - Des Moines Children's Home."

purpose in establishing this shelter was to do something about the waifs, orphans, dependent and neglected children often found wandering on the streets or left on doorsteps of local homes. Food, clothing, shelter, medical care and temporary custody was to be provided.

1886-1899

Staff

To staff their rented home, the founders settled upon a "strong farm girl" who worked under the supervision of an older woman, commonly referred to in the minutes as the "matron". These two women lived in the facility and cared for the children. Little is said about personnel, but it is apparent that this staffing pattern continued throughout the greater part of the history of the Home.

Children

The early minutes detail the manner in which children came to the Home. A total of forty children were cared for during the first year of operation. They were received into care for numerous reasons: they were abandoned, orphaned, or their parents were unable to afford their care. The following excerpts illustrate the variety of circumstances that led to placement of children in the facility.

The first child, named Faith, was received from Cottage Hospital in June 1886, and her death is recorded in

September 1886. A second child, Hope, was admitted at age four weeks, but died at seven months. In September 1886, a foundling girl, left at the Home, also received the name Hope. The next admitted was a girl left by her mother, and she was promptly named Charity. (These Biblical names indicate the religious orientation of the founders. Their possessiveness and righteous indignation for those who failed to care for their children emerges time and again in the record, and will be noted in this narrative.)

In February 1887, twins, three hours old, were found on the doorstep of the Home. The girl was given to the custody of a Des Moines family and survived, but the boy died. In March, a nine-year-old boy was found begging on the street and was brought in by a Board member. "April's child" was Harry Hall, seven days of age, found at the door with no clothing but with \$10 pinned to a note asking the ladies of the Home to accept him, love him and have him adopted. Later that month, Marie May, found on East Seventh Street, was brought to the agency by the police. She died in June 1887 and was buried on a city-donated plot in Woodlawn Cemetery. The city police brought several children to the Home for care, including infants abandoned on doorsteps and in hotels.

Sixty children died during the first twenty-four years of the Home's operation, and forty-four were buried on the plot in Woodlawn Cemetery. The remainder were buried by

their families in other private cemeteries. Deaths due to the numerous but undefined illnesses typical of the era, in relation to the number of children admitted each year between 1886 and 1910 are noted in Table 1. Caring for the child who was seriously ill at the time of admission was one of the major concerns of the Board and staff during this earliest period.

Although the record dwells on the children who died during these years, it should be noted that the overall death rate, in relation to the number admitted, was less than 5 percent, whereas the average¹ death rate among the child population during a comparable period (1900-1910)² was 13.9 percent.³ This is particularly remarkable in light of the evidence in the record that many of the earliest admitted were received in a condition of serious illness or malnutrition.

¹"Average" is used to indicate that the 11 years between 1900-1910 were averaged to produce this figure. This represents the official death statistics for those children of both sexes in the "under age one" category. The comparable average age of children that died while at the Des Moines Home for Friendless Children was 9 months with the exception of one 5 year old and one 13 year old, according to the death records available at Woodlawn Cemetery, Des Moines, Iowa.

²The period of 1900-1910 is used because the annual collection of mortality statistics began in 1900 and are thus not available earlier.

³U.S. Department of Commerce, Bureau of the Census, Historical Statistics of the United States (Washington, D.C.: Government Printing Office, 1961), p. 29.

Table 1

Number of Admissions and Deaths by Year at
the Des Moines Home for Friendless Children
1886-1910

Year	Number of Children Admitted	Number of Deaths During Year
1886 (6 months)	20	2
1887	51	9
1888	23	3
1889	50	4
1890	51	1
1891	39	2
1892	67	1
1893	42	2
1894	47	1
1895	51	2
1896	65	5
1897	64	1
1898	84	4
1899	23	5
1900	85	2
1901	71	12
1902	63	2
1903	57	1
1904	86	1
1905	47	0
1906	51	0
1907	44	0
1908	41	0
1909	28	0
1910	34	0
TOTAL	1284	60

Not all of the children were from Des Moines or Polk County. After lengthy debate, an out-of-county boy from Oskaloosa was admitted only because "he deserved to be saved from a life of sin" (February 1889). That same year the minutes record a "tragic incident": a child of a mother released from the penitentiary and a "no good" father, was taken from the Home to live with them. While hitching a ride on a freight train, this seven-year-old lost his footing and fell to his death.

The Board of Directors actively attempted to place children in homes. In 1888, they listened to a letter read by the Secretary from a lady who wanted to have a child sent to her for "inspection and trial for adoption". After considerable discussion, the Board noted that "the weather was stormy and the child was not yet 6 months old." They decided not to risk it.

Further involvement by the Board in the determination of the suitability of placements for its children is recorded in the April 1898 minutes. Board member Rosen reported that she had received reliable information that a Mrs. Fray of Boone, who had taken a child named Ella with the intent and purpose of adoption was, in fact, of Roman Catholic faith and was educating the child in the Catholic School. By unanimous action, the Secretary was directed to write to Mrs. Fray and demand that the child be returned at once. Again the available records do not reveal what the

results of this action were, but do give testimony to the prejudice of the times. Children entrusted to the Home were clearly to be Protestant or be raised in the Protestant persuasion of the agency's founders. This proselyting was never stated but emerged as a value highly regarded by the Board.

Board

The Board consisted entirely of women and remained so until the 1960's. It was very clear that the Board members themselves were actively involved in planning for admissions and discharges, and determining the suitability of the homes in which the children were to be placed. The Board was responsible for collecting payments from those who could afford to pay for the care of their children. The record outlines the functional committees that were established by the Board:

1. A Visiting Committee oversaw admissions and discharges at the Home.
2. A Follow-Up Committee looked after children who left the Home.
3. A Finance Committee looked into the arrears payments of parents who placed their children in the Home and then tended to forget them.
4. A Public Relations Committee acquainted the community with the Home's function, and early focused

on the ministers of the city.

5. A Special Admissions Committee formulated the criteria by which the Home would operate and what records would be expected at the time of application.

Funding

Throughout its history, fiscal solvency was a matter of concern for the Board. For example, the Finance Committee was commissioned in March 1888 with the assignment to locate W. E. Miller who had failed to pay his board bill for his children. The Secretary, by action of the Board, was instructed to send a letter to the father stating that he must either pay the bill, sign a paper releasing the children to the Home for placement, or remove them at once. No indication of the results of this action is recorded.

The earliest recorded solicitation included a letter sent to persons who were charitably minded. The expense to the Board--\$6 for printing and \$4 for mailing--is recorded but the results are not. Another unique scheme that is mentioned, but not detailed in the record, is that the women of the Board ran the trolleys of the city one day each year and collected the proceeds for the Home. Ice cream socials and ball games provided their share of income for the Home during this first period.

The fees charged to those who placed children at the

Home during the early years ranged up to \$2 per week with County wards charged the Board-agreed rate of \$1.90. This was related to expenses, which in an 1890 monthly treasurer's report included \$2 for cow feed and \$6.05 for meat. The agency's total monthly operating expenses ranged from \$96 to \$104 during 1890.

During this time period, churches were asked to help by giving the proceeds of "sociables" to assist the Home. Its critical struggle for survival in the late 1880's is attested to in the minutes by the statement "unable to meet expenses this month."

The bleak income picture brightened in August 1888 when \$47.76 was received from an ice cream social and another \$186.00 came in from a baseball game played by "the Fats and the Leans."

The Board's alertness to possible sources of funds is evident in the November 1888 minutes which records the appointment of a committee to see the manager of the Cotton Mill about obtaining the first yard of cotton cloth woven in Iowa "the object being to obtain the proceeds of its sale for the Home."

That November's problems were compounded, however, by the fact that the two cows belonging to the Home had "almost entirely failed in milk." Happily, the following month the matron reported that a new cow, which had been taken in exchange for the two dry ones, was "very good

indeed" in its milk-producing capabilities.

Unrelenting in their pursuit of support, a Board committee was appointed in November 1892 to visit the city's schools to request that the children bring canned goods to the school for the children of the Home. The minutes later record that the donations were "something wonderful and came by wagon loads." These Thanksgiving donations continued through 1958.

At a time when the resources of the Home were so low that the monthly bills could not be paid in 1893, some unexpected contributions were received and it is recorded that the Board "felt so thankful to the Divine Father for His watchful care that all joined in singing 'Praise God from Whom All Blessings Flow'."

Another unique funding scheme was discussed in June 1889. This entailed the changing of the articles of incorporation to include a Children's Home Society where membership would require the yearly payment of "some stated sum of money". The plan was for the Society to "elect a Board to which only persons who are members of some Orthodox Church could be eligible for membership."

Judge Bishop, an attorney friendly to the Home, was asked to prepare the amended articles of incorporation and on September 24, 1889, the Des Moines Home for Friendless Children was officially reincorporated.

No indication of sympathy for the natural parent's

ability to pay is found in the record until the Annual Report of 1895 which declared:

for many of the children board is paid and the ability of the parent or friend to pay is considered in each case, the result being that in the majority of the cases the Home bears a considerable portion of the expense. The advantage of this policy is that family ties are not broken as when children are adopted by the Home, and yet children needing a home are cared for. The Children's Home of Des Moines is in fact not a shelter home for orphans merely, but rather for all homeless children.

From this statement it is evident that the agency began to move away from the expectation that it would primarily care for full-orphans with the objective of placing them in suitable homes. A recognition that half-orphans and dependent children needed to be worked with and returned to their own homes emerged. This is the first indication that the Home's Board recognized the potential value of the child's natural parents and this emphasis is picked up again in later records.

One final challenge is recorded in the first period of the Home's existence that does not occur again until closure is considered in the early 1960's, the suitability of the building in which the agency was located. Because the original location was rented, much discussion centered around the need to find a better facility. In the April 1888 minutes the subject of purchasing a permanent home was thoroughly discussed but produced no action. In May a serious effort was launched because the rented house was

soon to be sold. A Building Committee was appointed and reported in the June meeting that they had been offered property on 21st Street at a very reasonable price if they would purchase it within a few days. The owner would build a "good house on the lots" and the entire cost would be \$5000. The seller would accept, as part payment, a farm offered by an un-named lady desiring to help the Board in this pursuit. Board members recorded their reluctance to assume "so large a debt."

A special meeting was called later in the month of June to debate the merits of taking on the new 21st Street property and building a large debt versus trying to repair and improve a property on 16th Street bequeathed to the Home by Mr. Archibald Everett. The 16th Street property had a \$1,270 mortgage and many members felt it was hardly worth the mortgage value even though its appraised value was \$2500. After much discussion, the Building Committee decided on the 16th Street location.

So severe was the division of thinking that a new building committee consisting of the President, Secretary and Treasurer was appointed in the July meeting. Although this new committee moved that the Board pay off the mortgage so the 16th Street property could be acquired, there was not enough money in the treasury to pay the regular June bills, so the mortgage continued. The property purchase issue remained unsolved.

The record continued on this matter by noting that the Building Committee signed a contract with a carpenter to build an addition to the 16th Street building. However, shortly thereafter they were notified by the administrators of the Everett estate that a notice had been served on them concerning the existence of a lien against the property. Because the Board deemed it unwise to proceed with an addition to a house on a property with a lien against it, this possible location was abandoned in favor of the 21st Street site.

In 1890, at 2018 High Street (corner of 21st)¹ a permanent building for the Children's Home was constructed and a nursery wing was added in 1893 because of the prevailing need to care for infants and young children. With the construction of this structure, later dedicated to the founder, Mrs. L. M. Mann, the first era of the Des Moines Home for Friendless Children came to a close.

During this developmental period there is no evidence that the founders looked beyond local need. The fact that similar programs were developing elsewhere throughout the country was likely not known and appeared to have no effect on the development of this facility because they were strictly addressing local needs.

¹Twenty-first Street is now known as Harding Road.

1900-1929

Board

The function of the Board in the management of the Home continued to be documented in the minutes. Its concern with detail is evident in its voting on fire escapes, cisterns and furnaces. Its satisfaction and reflection on the mood of the times occurs in the Annual Report of 1903, with an editorial flair:

We have received children, returned them to friends, found homes for them, cared for the babies, sent the older ones to school; have baked, washed, ironed, and scrubbed; but all has been done under conditions so favorable that marked improvement has resulted.

The home today stands firmly on its feet and assumes an almost upright position, and in the near future it will be able to throw back its head, even look strangers in the eye, and smile. Time was when its shoulders were unable to bear all its burdens and it was wont to stoop and drag its feet.

In December 1916 the minutes reveal that a letter was read from the Superintendent of the Iowa Children's Home Society "requesting us, in a manner most perfunctory, to eliminate the word 'children' from the style of our title because of the similarity to their title and the causing of much inconvenience and confusion to them." No action is recorded. Much later, however, in March 1924, it was moved and seconded that a meeting be arranged between the Iowa Children's Home and the Des Moines Children's Home with the purpose of promoting cooperation between the agencies whenever possible. These two entries are all that appear in the

minutes on the matter of inter-agency rivalry.

On the matter of inter-agency cooperation, the Board voted in 1919 to join a Social Service Conference whose monthly meetings, attended by each organization's president and one other delegate, were intended to organize and bring together all charities in Des Moines.

During this period, several discussions occurred on the continued use of the word "friendless" in the title of the Home, which was thought to be contrary to the real care and attention provided to the children. Mr. Scott Rawson offered to bear the entire cost of changing the engraved sign over the front porch. Although the offer originated in 1918, it was not until the June 1920 meeting that action was taken to remove this "objectional" word and make the action legal. In 1922 the sign was actually changed. Thereafter the agency was known officially as the Des Moines Children's Home.

Staff

This name consciousness was carried over to the utilization of the word "matron" to designate the chief staff person. The by-laws were thus changed to designate this person by the title "Superintendent;" however, the use of "matron" to designate house staff continued.

The record is not clear as to who the staff were, but house-mothers or matrons are referred to as the primary

caretakers. Janitors and cooks are referred to on one occasion, and the Superintendent, from time to time.

Children

Accounts of children's activities occupy much space in the record during this time period. For example, the 1905 Fourth of July celebration was celebrated with both large and small explosives that were donated "...but with no accidents" appended to the notes. Board members were the prime sponsors of activities and outings away from the Home. On one occasion they solicited a special car from the "Railroad Company" to make a 35 mile round trip with the children. Automobile rides were seen in those early days as major events.

A fire of unknown origin occurred in September 1905 and caused a reported \$500 damage that was covered by insurance. The Board minutes note that "forty-seven small people were all gotten out without panic or even confusion. The firemen on that occasion deserve honorable mention." (September 20, 1905)

The Annual report of 1906 revealed the plight of the children in residence as perceived by the Board Secretary, including the arrival of new beds:

over one-half of the children admitted are of divorced parents showing a pitiable state of society as it now exists. The greatest luxury that year was providing 17 mattresses, beds, and bedding in the girls dormitory. This was such an exciting event that the little women determined

the occasion to be worthy of a feast and after the work was finished they proceeded to celebrate in a neighboring grove with ice cream and cake.

The 1907 Annual Report suggests that there was an emerging social consciousness concerned with the parent-child relationship, hitherto neglected for the most part. This is evidenced through such editorial comments as:

while the children in the home are homeless, they are not all abandoned. A number of them have one parent who may be worthy or unworthy: the good of the child is our first care. The parent finding himself or herself with small children dependent upon him or her, but wholly unable to provide a home for them, these little ones are received into our home, and if the parent is able to work he is permitted and required to pay a small amount toward their support. Perhaps the parent is sick and must go to the hospital for treatment. The baby is given to the competent nurses at the home until the parents can receive them home again.

In caring for children there are risks, often tragedies. Such was the case on August 29, 1909 when a 12 year-old girl set fire to waste paper in the yard and her light summer dress caught fire. Although she was rescued immediately and the external burns were not severe, she died a few hours later of shock and smoke inhalation.

Along with the risks and tragedies, successes were noted from time to time. The Secretary of the Board was alert to this in quoting a 1921 letter from a girl who had been at the Home for fifteen years under the guidance of Superintendent Cook. Now a senior in high school and keeping house for her father and brothers, she wrote: "your teachings Dear Mrs. Cook, now that I am out in the world,

have kept me in the right path." The Secretary added:
"Isn't that an inspiration to go on with the good work?"
Although other former residents came to visit and brought their children to see the Home, this is the only such letter on record.

Funding

Funding activities by the Board are recorded during this second period with an increased emphasis on the necessary support money accompanying the child at the time of admission. For example, in 1900, an 11 year-old boy was admitted when he was accompanied by \$50. A strong and healthy child was accepted in 1903, on payment of \$50. It was expected that the parent would regularly pay support for the child on a monthly basis.

Other income-producing measures included a 1902 Rummage Sale that netted \$1500; a ball game played between the "tall men and the heavyweights" and a parade that included the sale of seat cushions, popcorn and peanuts. It generated \$440. Most significant in their search for funding schemes was the inauguration of a Tag Day on October 10, 1908, with the help of the YWCA. On hearing of successful street corner Tag Days in other cities, the women of the Board thought this could be an excellent money raising scheme. Table 2 documents the product of that decision. Beginning in 1908 the proceeds from twenty-three solicitations totaled \$58,557.04.

Table 2

Income From Tag Days--Des Moines Home for Friendless
Children, 1908-1931

Year	Income
1908	\$3000.00
1912	2400.00
1913	2857.02
1914	2142.13
1915	1388.36
1917	2601.22
1919	4612.47
1920	6461.57
1922	5017.87
1923	4394.50
1924	4614.31
1925	4033.47
1926	3991.14
1928	3237.73
1929	3013.30
1930	2492.53
1931	<u>2299.42</u>
TOTAL	\$58,577.04

Tag Days were generally held on an annual basis, with several exceptions, notably a Welfare Drive in 1921 that upstaged the Tag Day project, a flood in 1927, and the "Great Depression" in 1935. There is no record as to why Tag Days were cancelled or not scheduled in other years; however, the massive effort to aid war-stricken Europe in

1916 and the entry of the United States into World War I in 1918 are likely explanations for the absence of Tag Days during those years.

The May 1909 record states that the financial difficulties of the Home "were beginning to tell on the nerves of the Board members." As a result, all Board members agreed that each should be responsible for raising \$100 per year. Despite apparent initial enthusiasm for the plan, the minutes added "not all jumped to pledge themselves to these amounts."

In addition to frequent gifts of milk, berries, vegetables and a determination to collect free spoons from each sack of Sleepy Eye flour, significant donors stand out. An example is Mr. E. T. Bailey, a Des Moines tailor who gave a "Sunday suit" to each boy in the Home between 1911, when he began with 22 suits, until his death in 1926. His widow took up the practice and continued it through 1938. These suits had two or three trousers, and included suspenders. During this 27-year period, 523 suits were given to the boys.

The Board's moralistic concern for the parents and their responsibility for the care of the child in residence is reflected in the Annual Report of 1928:

even if it only takes care of a fraction of the expense, because through encouraging each parent to be responsible for the care of the child we stimulate his best instincts and increase his self respect, thus firmly establishing the home as a constructive social agency.

The second era of community service ends with a relatively solid financial base, a stated concern for parental responsibilities, especially financial, but with the worst of the financial struggle ahead during the Depression years.

1930-1945

Funding

The overriding theme during this period is the matter of survival through renewed funding efforts. Early in this period, salaries of all employees were cut. Although there is no record as to the former level of remuneration, the Superintendent's salary was to be \$150 per month, Matrons and Janitors \$30 per month, and Cooks \$45 per month. The minutes reflect the Board's appreciation to the staff for the spirit in which the cuts were accepted.

Throughout these years, the Superintendent was directed to keep expenses down. Carrots, cabbages and other produce from the Home's garden were donated to the Soup Kitchens. It was made clear, however, that the children were not to suffer any deprivation.

Income was down during the year of 1932, with Tag Day abandoned, and endowment interest not available. This mention of an endowment is the first evidence of a "nest egg" but is not elaborated upon in the minutes; however, the face value of the investments was recorded as being down to

\$47,741 from the \$84,000 purchase price.

Each Board member again pledged herself to raise \$100 each year toward support of the Home. The results of this are not in the record.

Other sources of funds were actively sought. Board members were asked to collect old gold jewelry to sell for the benefit of the Home. Raffles were tried, with two items of clothing bringing in \$350. This practice was halted when the County Attorney advised in 1939 that raffles were illegal.

Funding needs prompted the first interest in Federal Aid in 1943 with the appointment of a Committee to look into the possibility. No further word about this venture is available in the record.

Board

Mrs. L. M. Mann, one of the founders of the Home died in 1935. It was the end of an era. The pioneering spirit evidenced among Board members in earlier eras is not found in the record of these later years--the inventiveness and initiatives seen in earlier minutes disappeared. This is hinted at in the following declaration of Board composition and purpose:

During the years the Board had been recruited principally among the daughters and daughters-in-law and nieces of the early Board members; and they have endeavored, so far as they could, to carry out the ideals to which the older generation was pledged. (1935)

Evident difficulties are more clearly admitted in the 1942 Annual Report:

Beginning the year 1942 we were fearful of the future, we doubted ourselves, we doubted our friends, we doubted every source of supply. We can all learn something from our position today, our friends have not failed us and we are caring for our children well at a time we are greatly needed in this community. We are grateful and will face the years ahead with greater courage and better faith.

At the same time it is evident that a determination to maintain relevance to needs is desired, it is not so easily understood. This is borne out in the 1945 Annual Report:

As the people of our country have become more social minded, agencies for regulating homes like ours have been instituted. It is our wish to comply with the requirements of these agencies and also to keep up the high standards which we have always maintained.

This concern for meeting standards had earlier roots in a 1930 requirement stated in a letter from Dr. Mae Habenicht, State Superintendent of Child Welfare, in which the Home was asked to keep the children's records in a bound book, and to provide regular mental and physical examinations for the children.

Staff

The only mention of staff during this era is when, in 1932, Mrs. Elizabeth Cook resigned. It was a momentous occasion, for she had served as Superintendent of the Home

for 32 years. She was replaced by Mrs. Mildred Jensen. (See Appendix A for a complete listing of the Superintendents of the Home.)

Children

Little was found in the records about the children of the Home during the third period, although while the Depression was at its worst, the minutes reiterate that the children suffered no undue deprivations. This recurring assurance served as a validation of the continued functioning of the agency in times of greatest financial stress.

In 1939, a Negro woman requested that the Home take her children, but after much Board discussion, it was decided that "we refuse all applications for placing colored children in the Home." The rationale for this is not at all clear in the minutes, and the practice of handling controversial decisions by silence in the record prevailed.

This third period ends with Board members questioning whether or not they have been true to the cause that their forebears established. It is on this note that the next era begins--questing for purpose, resolve, and direction.

1946-1963

Children

Again during this era little is recorded about the children except the advisability of a clothing fund; for

example, in the summer of 1946, it was learned from the YMCA that the girls from the Home, while attending camp, had "felt apart from the others due to the fact that they did not have shorts and skirts." It was thought that a clothing fund could provide these articles easily, and the fund was established. No indication of its effectiveness was noted.

A picture, taken in November 1946, showed the children lined up outside with war-surplus helmets and gas masks. This picture made the wire services and the Home received acclaim from as far away as California, as it appeared in the San Francisco Chronicle.

Two additional developments during this period included the use of volunteers and of visits to the Home by the general public to publicize the program. Volunteers were used in an indirect manner, and the Compass Club of Des Moines was enlisted to give a present to each child on his or her birthday. This practice, begun in 1958, continued until the closing of the Home in 1963.¹ Tours were, at first, thought to be a wise move, but by January 1961 had become a problem due to their frequency and the inconvenient times most were scheduled. No indication of a remedy is found in the record.

¹The Compass Club, a division of the Newcomers Club, re-instated this practice in 1965, and continues to supply birthday cakes for each child at Orchard Place.

Staff

Much is recorded concerning the problems associated with staff. The first indication that the Board was considering the use of a professional staff person occurred in the Spring of 1945, when the Director of the Home suggested the employment of a caseworker; this person was hired in July, 1945. During this same Board meeting, the matter of workloads for housemothers was discussed, and it was decided that no housemother should have to care for more than 12 children at a time.

When a majority of the staff requested enrollment in the Social Security program in 1950, the Board agreed and established the value for room and board at \$50 per month.

The intervention of the Board personnel committee is evident in the November 1953 minutes, when two staff members were dismissed for "conduct unbecoming to a staff member." These two had physically punished children at the Home "in violation of the rules," and the committee was compelled to act swiftly in firing both, according to the record.

Although the record does not detail the turmoil and problems, a great deal of activity occurred during 1954, beginning in June when a caseworker resigned, followed in July by the Superintendent's resignation. In 1956, the problem was pilfering. Employees blaming "low pay" were raiding the storeroom regularly and without authorization. The matter was remedied by placing locks on the food room doors.

Board

The Board's role during this last era focused on frequent discussions on the future of the Home. This came about as a result of a dwindling number of children in residence. Community agencies were not referring children because the agency was unwilling to take in disturbed children, who were becoming the group most in need of residential care. The first evidence that other agencies were depending on the Home to take in "problem children" appears in the record in August 1948, although it is implied much earlier. On one occasion, when the matter was again discussed, the Superintendent reported that a Milwaukee children's home that "was supposed to be one of the best in the nation" was experiencing similar problems and attacks.

This change--toward more problem children needing care--was brought about by several factors. In the earlier periods of the Home, referrals for admissions came directly from the parent or law enforcement officers for the most part. The basic mission of the Home was to provide shelter, clothing and food for the dependent child. In this era, the system of social services in the community had become more structured and potentially better financed. For example, to care for dependent and delinquent county wards, the Polk County Juvenile Home was constructed in 1938. Many of the children placed there would, in earlier years, have been cared for at the Des Moines Children's Home, although the

Home continued to accept longer-term cases than the County Juvenile Home. In addition, the Federal Congress passed legislation that enabled each state to elect to add Aid to Dependent Children to its Social Security Act responsibilities. Iowa did so in 1943, although the Social Security Act was passed by Congress in 1935, which made Iowa the 47th of 48 states to enact such a program. What this meant for the Home, however, was that many of the children who otherwise would have been placed in the Home were cared for in their own homes with the help of ADC payments to the family for this purpose. This effectively reduced the population of the Home. Another trend was the move to place dependent and neglected children in foster homes rather than institutions. Thus these three developments made an impact upon reducing the population of the Children's Home.

The children that remained in need of care were thus the more difficult ones. The Board recognized that if a program for children was to survive, it would have to address disturbed and difficult youth with an effective program.

The Personnel Committee met from time to time with the staff to discuss their responsibilities and problems. The evident agenda related frequently to poor working conditions, lack of supervision, low pay and morale. These problems were not solved, and a high turnover of staff occurred. This compounded the earlier-mentioned question

of purpose and existence.

This changing situation is shown clearly in the monthly reports about children in residence. Their number steadily went down:

October 1951--25 children..."what should we do?" Early the following year, Board member Grace Charlton delivered a paper and discussed the "possibility of taking shorter term cases and colored children."

1952--21 children in residence...all placement agencies were notified that the Home had vacancies.

February 1953--16 boys and 3 girls...an all-time low that caused great concern.

April 1958--19 boys and 4 girls.

April 1962--13 children and "referrals dropping off."

This preoccupation with numbers was an inevitable one. For most of its years the Home had averaged 35-40 children in residence and counted on income from that number. Thus, with fewer children, a financial strain occurred. It was also a clear indication that the traditional service offered--shelter care for dependent and neglected children--was no longer a primary need of the community.

In June 1955, a prophetic statement is recorded: "The Home might have to adjust to the acceptance of evil minded children within the next five years." This related to the need to make the services of the agency more relevant and was followed by warnings from the Superintendent

that "the orphan was disappearing from the social horizon, and the older housemother takes more from the job than she can give."

Paradoxically enough, in the September 1955 meeting, it was decided to add a new play porch to the rear of the building. This porch was constructed later that year for the first and second floors at a cost of over \$20,000 and was the culmination of the efforts of a planning committee that had been constituted five years earlier.

The August 6, 1956 Board minutes mention, without comment, an article that appeared in the Des Moines Tribune that stated "there is need for more homes for children under 15 requiring special care due to physical or emotional disturbances." The inclusion of such a statement in the official record of the Board affirmed the cause for which the agency was founded, but documented a need for facilities for more disturbed children in the record. The Board underlined its determination to stick with the original purposes of the Home in the August minutes when the probability that custodial homes would not be needed in the future was discussed. A segment of the Board went on record as not entirely agreeing with this declaration and requested that the Superintendent "report back in the next meeting, after studying why the Home was being denied more children."

As if to register an appeal for help, the agency subscribed to the Advisory Service of the Child Welfare

League which enabled them to use the Information Service and receive its publications, both of which services are designed to lend guidance for future planning if effectively utilized.

Because referrals were received from the Child Guidance Center, Family Service Association, and the Polk County Department of Public Welfare, in July 1957, the president reported that she was "gratified at the respect the Home is now being shown as it takes its new place in the State welfare picture." She went on to laud the cooperation shown with other welfare agencies.

Later in 1957 this optimism changed to pessimism and the Board discussed whether or not the Home should continue its existence. In October 1958, the Iowa Association of Children's Agencies report suggested:

The Board should review their purpose periodically and by-laws should clearly set forth the purpose and be evaluated periodically. Check as to the need for the institution--are there waiting lists or empty beds?

Another blow occurred in 1958 when, as a result of action by the local chapter of the National Association for the Advancement of Colored People, the Des Moines School Board was asked to prohibit the practice of a canned-goods drive through the schools at Thanksgiving. Canned goods had been collected through the schools annually since 1892, but the School Board barred continuation of the practice in light of the "discrimination against Negro children by the

Home." Although the Junior Chamber of Commerce took up the collection for the Home in 1959, the number of cans received was stated to be "half as much as last year but quite adequate and a good variety." That was the last year the collection was made. For 68 years the Home had been in the enviable position of receiving more than they could possibly use and had become a distribution center, providing canned goods to such other community agencies as Wilkie House, Roadside Settlement, Catholic Charities, and homes for the aged.

From the April 1959 minutes came the declaration that "our children are more and more of the emotionally disturbed type and our need for more stable and better trained personnel is imperative." These statements in the record became progressively more blunt as the need to program for emotionally disturbed children was recognized.

In April of the following year, the Superintendent reported only eleven children in residence. She discussed the decline in admissions, and the non-relatedness of the program to problem children as follows:

All children's institutions have lower enrollments because of the kind of children available, mainly problem children. One of the reasons we are not sent children is our lack of casework service. (April 12, 1960)

The superintendent contacted referral sources in the community to determine the reason for few referrals. The Iowa Children's Home Society, a primary placement source, stated

the reasons to be: "the lack of a caseworker and the lack of follow-up." The conclusion was that a caseworker might be an answer, but there is no record that one was hired at this time.

In the face of multiple dilemmas, the Board president, Mrs. H. Kirby Shiffler, invited the entire Board to her home in October 1960 with the hope that:

in an informal atmosphere our communal thinking on the problems that face the Home would be brought out into the open and discussed freely. Local welfare workers have pointed out that there are three things that handicap us: 1. We do not take colored children; 2. We don't have a caseworker; 3. The growing need is for children over [age] 12.

After considerable discussion it was the general consensus at the end of this meeting that a change in thinking should occur and perhaps fifteen children would be a likely capacity. Again, however, the assertion was appended to state, "There must certainly be a need for our type services in the city of Des Moines."

The Board was slowly recognizing the inevitability of change but the most important impetus to change was a fire on August 21, 1962. A special meeting of the entire Board was called on August 23 to discuss the fire damage because repairs and child care were immediately needed. The third floor was a total loss and the first and second floors were seriously water damaged. The ten boys who lived on the third floor had to be returned to their placement agencies; however,

after some quick repairs were made, the six girls living on the second floor were moved back in.

Searching for purpose and direction, a committee was appointed in September 1962 by the Board president, Mrs. D. J. Goode, to investigate children's homes in Omaha, Sioux City and Cedar Rapids. The committee was to determine how they were functioning and to attempt to gain insight for the Board. This committee was superceded by a Future Planning Committee that announced in November 1962 that Mr. Sylvester Adessa from Lakeside Children's Center in Milwaukee had been hired to make a professional survey of the community's need for a children's residential facility. This was a significant breakthrough, the results of which are documented in the succeeding chapter.

This era ended with the motion of Mrs. Robert Fleming in response to the findings of the above-mentioned survey, that the Home suspend operation temporarily, beginning February 1, 1963. All staff were told immediately after the December 1962 meeting and arrangements were made for placing the children elsewhere. This was accomplished by the assigned date and the program was officially (but temporarily) closed on January 31, 1963.

Funding

In that survival was dependent upon the number of children in residence, it was necessary to draw heavily upon

endowment income during this period. The accompanying Table provides a picture of selected budgets and additionally includes a 1974 budget for comparative purposes.

SUMMARY OF SIGNIFICANT TRENDS IN THE DEVELOPMENT OF
THE DES MOINES HOME FOR FRIENDLESS CHILDREN

The historical evolution of the Des Moines Home for Friendless Children parallels the development of child welfare in the United States. A review of its seventy-seven year history provides insight into the dedication and motives of the agency's founders and the significance of their volunteered services in the development of a social agency. The changing role of the board and the staff emerges from the pages of handwritten minutes as the needs of the families and children served changed. The influence of community agencies which insisted on a more professional and defined program for more difficult children is clearly evident in the later years of the original program.

1886-1899

The Des Moines Home for Friendless Children came to life on June 1, 1886, established within twenty-four hours of the arrival of an abandoned infant received from the hospital. The original purpose was to provide shelter, food, clothing, medical care, and custody for dependent and neglected children. These children were brought to the Home by board members, police, and county workers. Some children

Table 3
Comparative Budgets, 1904-1974

	1904	1913	1922	1941	1950	1960	1974
Balance on Hand at Beginning of Year	\$ 246.99	\$ 795.35	\$	\$ 1920.69	\$11732.59	\$	\$
Board Collections and Donations	2216.01	4462.85	6986.62	3437.26	5155.35	6608.42	
Investment Income			7696.73	3734.55	21011.54	22765.52	56,450.00
Payments for Care	1000.00 (est.)	3000.00 (est.)		3929.00	10072.50	6491.23	503,809.00
Special & Misc.	<u>892.73</u>	<u>3333.52</u>	<u>5081.80</u>	<u>429.80</u>	<u>53.87</u>	<u>54.34</u>	
Total Receipts	\$4355.73	\$8591.72	\$19765.15	\$13451.30	\$48025.85	\$35919.51	\$560,259.00

Salaries	1765.50	2671.71	3560.00	5098.00	12410.11	20002.72	348,383.00
Food & Household Supplies	881.13	1135.89	2240.88	3156.39	4112.58	1669.69	34,661.00
Utilities	534.92	665.06	826.16	3235.72	6062.00	6061.61	14,561.00
Other	<u>960.98</u>	<u>1575.27</u>	<u>2582.43</u>	<u>35.53</u>	<u>28.33</u>	<u>11722.85</u>	<u>131,245.00</u>
Total Disburse- ments	\$4142.53	\$6047.93	\$ 9209.47	\$11525.64	\$22613.02	\$39456.87	\$528,850.00
Balance at End of Year	\$ 213.20	\$2543.79	\$10555.68	\$ 1925.66	\$25412.83	\$-3537.36	\$ 31,409.00

were placed by their destitute parents for care. Many were placed for adoption in families chosen by the appropriate Board Committee. Often admitted when extremely ill, sixty children died during the earliest years and were buried in a cemetery plot given to the Home.

The dedication and creativity of the founders is documented in the record. A major theme in the early history of the agency is the fund raising and financial schemes that included ice cream socials, canned goods drives and running the city trolleys for one day a year to collect the revenues for the Home. The women of the Board bartered, begged and traded such things as two "dry" cows for a "wet" cow so as to provide for the necessities of "their" children. Despite a shaky financial beginning, the women sought an adequate facility, considered several options, and finally built a structure in 1890 to house a growing program. A nursery was added in 1893.

Another theme during this time period is the involvement of the board members in providing direct service to the children and particularly, in securing adoptive or boarding homes for the children. The charitable motives of the founders tended to encourage the takeover of children from "unsuitable" or inadequate parents. A Board committee then secured a "worthy and morally fit" home for the adoptable children who were frequently placed on a trial basis.

Board members were involved in planning activities

for the children. The staff during this time was composed of young women and "matrons" who lived at the home and offered care and protection for their charges. They functioned as extensions of the Board in providing day-to-day care. Management decisions were made by the founding group and their daughters who were added to the Board from time to time. Both Board and Staff were motivated to serve children, with little regard for personal financial reimbursement.

1900-1929

The more affluent times and availability of funds around the turn of the century shaped the solidarity and permanence of the Des Moines Home for Friendless Children. Finances were a constant concern, and new fund-raising schemes were inaugurated. "Tag Days" were launched in 1908 and became a significant annual fund-raising effort until 1931, during which period over \$58,500 was raised.

The minutes document an increased emphasis on improving the environment of the children and more activities were programmed for them. During this period, parents were involved more in the placement process and in payment for care. The latter was seen as a matter of increasing the parent's "self-respect" under the aegis of "a constructive social agency".

As needs and demands on the Home evolved, so did the name of the agency. In 1920 "Friendless" was dropped in

favor of a new name--"The Des Moines Children's Home". This change was akin to those occurring elsewhere in the country as old orphanage-type agencies attempted to address emergent and evident community needs.

1930-1945

Hard hit by the depression, agency endowment income ceased, staff salaries were cut and fund-raising activity began with an urgency never before recorded in the minutes. Through a combination of careful expenditure control and imaginative funding efforts, the agency survived.

The first mention of state requirements for adequate record keeping emerged in 1930 with little discussion by the Board but evident compliance. New Board members continued to be relatives of the founders, perpetuating an in-the-family project.

1946-1963

Pressures unfamiliar to the founders began to emerge early in this post-war period. The original charitable motives and goals of the volunteer in delivering services were being challenged by the professional social work community, by the staff, and by the children themselves. It was during this period that many shelter care institutions around the country closed their doors, but not the Des Moines Children's Home.

As early as 1948, the record indicates that the

community was depending on the Home to take "problem children". During the 1950's there was a considerable amount of time devoted to discussion of the continued existence and function of the agency in light of a low resident population, and problem children were described in the record as "evil minded children". In response to community concern, the first caseworker was hired in 1945 to work in case planning and with families. In the mid-fifties the function and purpose of the agency was questioned by the social service community whose members effectively boycotted the Home by slowing down or stopping referrals. The basis for not referring children was stated to be the Home's inability to accept disturbed children, lack of casework services and lack of follow-up services. That same year the NAACP petitioned the Des Moines School Board to cease the collection of canned goods for the Home through the schools and won. This was based on the inadmissability of black children to the facility (documented in the record as far back in 1939, when a unanimous vote to not accept Negro children was recorded).

Personnel problems emerged during this time period and board-staff relations were strained. The staff complained of poor working conditions, lack of supervision and low pay. On one occasion they used the latter as an excuse to steal canned goods from the pantry. It is apparent that as the children coming into the facility became more

disturbed, pressure grew for appropriate programming and staff coverage. As more staff were hired to care for fewer children, costs increased. The live-in requirements for staff became a point of extreme contention and staff turnover became a major problem. It was no longer possible to count on the dedication and good will of matrons willing to work at the salaries paid by the Home.

In August 1962 a major fire at the Home forced the agency to face the facts of future planning. The adaptability of its leaders, their willingness to meet needs and their concern for good standards documented throughout the Home's history appear to be the predominant factors in the eventual decision to seek outside help in determining the Home's future. The changes the agency went through, documented in the minutes and other records, are classic in that they parallel the experience of other institutions serving dependent and neglected children during this postwar period. Change was inevitable if the agency was to survive.

Chapter 4

PROGRAM IN TRANSITION 1963-1964

A residential treatment center for emotionally disturbed children was determined to be the new service-future for the Des Moines Children's Home. Change and transition characterizes these two years in the history of the Des Moines Children's Home. Although the suggestion was offered by one Board member that the agency disband and distribute its assets among other charities, no serious consideration was given to the suggestion. As indicated in the previous chapter, the population of the Home was down to 16 in August 1962. It was difficult to find and keep staff for the wages then paid. The Board president had stepped in to take over in the absence of a director with the assistance of a caseworker still on the payroll. The overriding question was the relatedness of the program to the needs of the community.¹

Despite the late summer fire in 1962, the record indicates that the Board was determined to find a useful place for a children's service in the Des Moines-Central Iowa community. This chapter deals with the two-year process

¹Much of the following material in Chapters 4 and 5 is my recall of first-hand experience. Much of it has never been written down and therefore represents the primary source for this information. The review is both factual and interpretive.

through which the Board went in order to secure an analysis of the needs, carry out the recommendations of the study and hire a director to spearhead the movement in a new and different program direction.

A consultant, Sylvester Adessa, Executive Director of Lakeside Children's Center, Milwaukee, Wisconsin, was hired to survey the needs of the community and to advise as to the future of the program and facility.

Mr. Adessa submitted a document entitled "Evaluation of the Agency, Place in the Community, Future Role",¹ in which he summarized the findings of the study he made in the Des Moines community. This led the Des Moines Children's Home Board to take an important series of steps that assured its place, significance and usefulness in providing services for children in Iowa:

In summary, the report stated:

1. The present program is seriously deficient as an institutional placement resource for children.
2. Intake should be stopped and the agency closed down temporarily.
3. The agency should develop a program of professional quality for the group care of moderately disturbed children.
4. A competent executive director should be employed to give leadership to the Board and be given responsibility for building up a sound program and staff.

¹Sylvester Adessa, "Evaluation of the Agency, Place in the Community, Future Role," December 1962 (unpublished monograph).

5. The present building cannot be used without extensive interior alteration. Either comprehensive remodeling or a new structure is called for. More limited remodeling of the first floor only could suffice during a break-in period. The third floor should not be used at all.
6. Financing the new program would require increased expenditure budget, a raise in fee rates, and annual deficit that must be met by independent fund raising or by United Fund affiliation and transfers from capitol account to operation account budget,¹ during a transitional period of several years.

After a special meeting the Board determined that the above six point outline was a formulation that they would follow.

By the end of February 1963, the six girls remaining in residence had been placed elsewhere by those agencies that had originally placed them in the Home. Most went to foster homes, some to other institutions. Service staff were dismissed and appropriately paid. Mrs. Frances Buckmann, secretary, remained to handle inquiries and visitors, along with residual management matters. Mr. and Mrs. Wilbur Peters (maintenance man and cook) were retained to live-in and look after the premises.

In March 1963 the following advertisement for an executive director was placed in Child Welare, the journal of the Child Welfare League of America:

¹Ibid.

EXECUTIVE DIRECTOR: Long established children's institution now reorganizing and reaching toward higher child care standards seeks capable and experienced person to provide positive leadership. Fine opportunity to develop a progressive program in an accepting community. Salary open, liberal. Write Mrs. D. J. Haines, Des Moines Children's Home, 2018 High Street, Des Moines, Iowa.¹

In May 1963, the entire meeting of the Community Services Council - Casework Division was given over to a report from the Des Moines Children's Home Board regarding the findings of the Adessa report. Many questions were asked by the representatives of the community's social agencies but the tone of the meeting was very encouraging in light of the major undertaking ahead. A vote of affirmation was given to the Des Moines Children's Home Board, in light of this recommendation and the evident needs of the Des Moines community.

After two interviews with the Board committee assigned to secure an executive director and one with Mr. Sylvester Adessa in the spring of 1963, Mr. Merwin R. Crow, then Casework Director of the Indiana Methodist Children's Home in Lebanon, Indiana, was hired to begin on September 1, 1963.

For the process of negotiating the parameters of board and executive responsibility, Mr. Crow, prior to his

¹Classified Advertisement, Child Welfare, March 1963, p. 149.

employment, submitted a proposal for action and direction. Summarized in Table 4, this document was accepted by the Board executive committee and became the blueprint from which the future of the agency was charted.

As planned, the new Executive Director met with local and statewide referral agencies and departments of social welfare to determine specifically what was needed. Even though Mr. Adessa had given the general direction, it was necessary to refine the definition of specific need in the Central Iowa community. These discussions included juvenile probation department personnel, caseworkers from public and private agencies, and knowledgeable persons in the social work community. Institutional programs throughout Iowa were visited as were other midwestern treatment centers to discern the pragmatics of function, services and design of facilities that proved most successful for moderately disturbed children.

Sale of the High Street property was negotiated with the Chrysler Corporation which later constructed a Dodge Truck distribution center on the site. Demolition of the old building was required by the purchaser in this sale which grossed \$90,000 for the property itself. Prior to its destruction, unneeded furniture was sold to interested buyers or given to various charities. Much was moved to storage for later use.

After interviewing representatives of six prospective

Table 4

PROJECTED PROGRAMMING--TENTATIVE TIMETABLE
BY SEQUENCE/STAGES
A SUMMARY

-
1. Initiate conferences with local referral agencies to determine the type facility needed. Report regularly to the Board regarding findings.
 2. List the High Street property with a realtor. Begin a preliminary search for a more desirable location.
 3. Visit other treatment facilities throughout the country and report findings to the Board. Involve designated Board members in visiting selected agencies that are providing services similar to those projected.
 4. Determine the type of program the agency will initially establish, children to be served, and kind of facility needed to carry out this function.
 5. Review and solicit comments and suggestions from interested agencies relative to projected program plans.
 6. Revise agency constitution and by-laws to encompass new function, including the function of the Board in relation to the executive. Consider changing the agency name to reflect new program. Draft job descriptions, preliminary budget and agency manual.
 7. Hire architect with experience in designing functional institutions. Purchase new location with construction proceeding as indicated.
 8. Develop brochure regarding new program to be distributed to interested agencies.
 9. Construct and furnish new facility, including professional library.
 10. Begin staff procurement, including houseparents, case-work office and maintenance staff. (Even though the facility may not be in operation, if good staff persons become available, it would be wise to secure such.)

Table 4 (Continued)

-
11. Develop staff training program utilizing professionals in the program and known leaders and consultants in the field of residential treatment. Develop personnel practices that will attract capable, competent and trainable personnel.
 12. Screen and select children as the time approaches for formal opening.
-

architectural firms, the executive director and the building committee selected Charles Herbert and Associates of Des Moines based on the willingness of that architect to listen and translate program needs into a functionally designed facility, rather than impose pre-conceived design notions about this specialized area of residential treatment for emotionally disturbed children. After twelve revisions of the basic plans the first building was started in June 1964 and completed for occupancy in February 1965. A monograph entitled "Functional Analysis as a Prelude to Cottage Design and Construction"¹ explains the factors considered in planning the facility.

When the preliminary architectural sketches were available in the Fall 1963 and after an initial notion of residential treatment was agreed upon by the Executive Director and the Board, representatives of the referral sources and others interested in the project, were invited to one of three luncheons held at old Des Moines Children's Home building. The attendees, who numbered over 100, were asked to critique the planning and direction up to that point. Their consensus was favorable and encouraging. Planning continued toward opening with an initial population of 12 children by February 1965.

¹Merwin R. Crow, "Functional Analysis as a Prelude to Cottage Design and Construction," Iowa Journal of Social Work, 3, No. 1 (Winter 1970), 5-13.

The Director's Annual Report in 1963 outlines the challenge ahead although the community and the Board had only a marginal understanding of the program, services and costs. This report included the comparison of the cost of sending a child through a series of inappropriate placements without treatment with that of an effective residential treatment program. As the day that children would be admitted approached, the Board authorized the hiring of Mrs. Nellie Stewart of Lebanon, Indiana, as Senior Cottage Counselor in July 1964. Accompanied by Mrs. Frances Addison, campus teacher, assigned well in advance to the program by the Des Moines Independent Community Schools in September 1963, Mrs. Stewart visited numerous treatment centers to get first hand programming ideas for the new program.

Orchard Place was the new name for the program chosen by the Board. The rationale for this choice related to the fact that it had no particular connotation. It was merely a site-designation that characterized the former orchard where the facility would be constructed. It was voted upon after several other names were also reviewed for their appropriateness.

The Board services committee, working with the Executive Director, reviewed the Child Welfare League of America publication "Guide to Board Organization and Administrative Structure," to determine the best personnel

practices, policies and board-executive relationship to effect.

Potential staff were interviewed by the Executive Director later in 1964, including 23 cottage counselor candidates ranging in age from 18 to 63. Twelve casework candidates, as well as recreational, laundry and psychiatric consultants were interviewed with the goal of opening the facility for the six waiting children early in 1965.

A casework therapist, Mr. Donald Schempp, and an activity therapist, Mr. Grant Jordon, were hired early in 1965. Cottage staff hired in addition to Mrs. Stewart, included Mr. and Mrs. Carl Miller and Mr. and Mrs. Gerald Duffas.

The agency contracted with the Des Moines Child Guidance Center for psychiatric consultation. Milford Barnes, M.D., Child Psychiatrist and Mrs. Nellie Stewart, child care supervisor, were charged with the initial responsibility for orientation of staff and the design of subsequent staff development programs. The year 1964 was a full year of planning both from a construction and services program perspective.

In summary, the decision by the board on October 23, 1962, to hire an outside consultant became the seed which, resulted in the birth of Orchard Place as a treatment facility on February 11, 1965, when the first child was admitted. Between September 1, 1963, and February 11, 1965,

the following major tasks had been accomplished:

1. The Des Moines Children's Home was closed and appropriate plans were made for the remaining children.
2. A new director was recruited and hired to begin employment on September 1, 1963.
3. The old property (referred to in the earliest minutes as the "21st Street property" with the address 2018 High Street) was listed and later sold.
4. A series of meetings were held to explore and refine community residential treatment needs with the potential users.
5. Residential treatment centers throughout the midwest were visited to explore models of program and facility design.
6. Architectural firms were interviewed and architects selected in the Fall of 1963.
7. A functional facility was designed and construction began in June 1964.
8. Agency practices, policies and initial standards were developed in 1964.
9. Staff and consultants were recruited, hired and provided with initial orientation and training.
10. Community practitioners were kept apprised of progress and their input was sought throughout the years of the development of the project.
11. The construction of the first cottage was completed and occupied in February 1965.

Chapter 5

THE GROWTH AND DEVELOPMENT OF A RESIDENTIAL TREATMENT CENTER--ORCHARD PLACE 1965-1974

Introduction

Following the pattern of Chapter three, this chapter will focus on the major subject areas of: children, parents, staff, Director, Board, public relations, program, facilities and funding.

The central concern of Orchard Place was, and remains, the children. All programs, activities of the Board, public relations programs selection and training programs for staff, etc., are aimed at providing the best possible help to and for the disturbed children admitted into treatment.

Various children have described their journey to mental and emotional health at Orchard Place. A few of these accounts appear in this study.

The program grew from an initial on-campus capacity of 12 in 1965 to 40 in 1974, with an additional capacity of 16 in two group home programs and another 20 children in two Therapeutic Learning Center programs.

The main on-campus program includes two cottages each housing 20 children in two separate and autonomous living units.

In a group home--Kenyon House, located three blocks away on a three and a half acre west campus--ten additional

children are housed. This is programmed as a half-way or intermediate care facility for boys and girls returning to community based, rather than institution based, living.

Another group home for six children occupies the former office building known as Porterhouse. These children are in a Prevention and Diagnostic Center program to determine what resources in the state would best meet their needs. An effort to intervene with the child's parents is frequently a major focus in this service.

Two Therapeutic Learning Centers were established in two different Des Moines public schools under a National Institute of Mental Health (NIMH) staffing grant. This joint effort with the Des Moines Independent Community Schools was designed to assist the disturbed child, who can live in his own or a foster home, to successfully attend a special class located in the school building and gradually move back--class by class--to the regular classroom as behavior improves.

Children

The first child, a 12-year-old boy from Sioux City, was admitted on February 11, 1965. During the next few weeks the population rose quickly to twelve children. Fifty-two children were referred and fifteen admitted in the first calendar year of operation. By 1966, only one of every four children referred was admitted. Orchard Place

worked with 26 children that year, including two in a day-school program for children who could live in their own or foster homes and attend a special school program on the Orchard Place campus during the day.

In 1968, 114 inquiries were received, 44 children were evaluated, and 30 were admitted into the program. Twenty-one were discharged, about a third to parents, a third to private agencies, and the rest to public agencies.

Early in 1971, the agency became licensed to place children in foster care homes as an extension of its campus program into the community. By 1974 four children were in three different foster homes. The major challenge for this program was to find foster families willing and capable of caring for children who are continuing to work on their emotional problems.

An Adaptation Study completed in 1971 included a three-year follow-up of children who had left the Orchard Place residential treatment program. The criteria for adaptation were determined by the appropriateness of the child's adjustment and ability to maintain himself (herself) without needing in-patient psychiatric treatment. In this study, all children who had been accepted into the Orchard Place program, regardless of whether they had completed their entire course of treatment, were included. Thus some were in the program for one month and others six months to a year. Of the 41 children treated during the three years

covered by the study, 30 (73 percent) were functioning well in their community. If those children who did not complete their period of treatment at Orchard Place (10) were excluded from the study population, the adaptation rate would move from 73 percent to 97 percent (only one of the 31 who completed treatment was known to have failed according to the above-mentioned criteria).¹

From the Director's report of 1972 a case synopsis illustrates the purpose and mission of Orchard Place.

Perhaps you remember Hilda admitted in February, 1965. This 15-year-old was super-anxious, twitched severely and was diagnosed at Mayo Clinic as having Gilles de la Tourettes disease. Her parents had contacted numerous practitioners and mental health centers but found their greatest assist at the Children's Psychiatric Hospital in Iowa City. From there she was referred to Orchard Place, progressed dramatically and made excellent use of the treatment program. On discharge she tried nurses aide training and later business college, neither of which suited her interests. Later she received 8 weeks of intensive psychotherapy in a psychiatric hospital, and went on to Dana College to develop her long-time interest in the field of social work. She generally writes each Christmas. Reproduced below is part of her most recent letter:

I'm still attending Dana College and will be graduating this coming May 27th. It seems hard to believe, but it certainly feels great to be able to see the end in sight. This has been a most satisfying experience for me, though, and no one can really know how much these years in college

¹Orchard Place, "Adaptation Study of 41 Children Discharged from Orchard Place between March 1, 1968 and December 31, 1970" (Des Moines: Orchard Place, 1971), p. 1. (Unpublished monograph available at Orchard Place.)

mean to me. I've formed some beautiful friendships, have had many interesting and enjoyable experiences, and what's most important to me is all that I've gained from my courses and professors. I'll have a double major in Psychology and Sociology and also will have met the requirements for a Social Work major. I feel pretty competent in that area now--hope I'm able to apply it effectively. During Dana's Interim period in January, I'll be spending my social field work placement at the County Mental Health Center in Ottawa, Illinois. I'll be living at home during that time and driving back and forth to Ottawa which is about 30 miles away from home. During second semester, I'll be spending some additional field work experience at Immanuel Hospital in medical social work. This is in Omaha...only 17 miles from here. This probably all sounds like I'm bragging. However, I take great pleasure to be able to let you know of my accomplishments, since six years ago I wouldn't have realized this could be possible. Having known you and some of the other staff members at Orchard Place will never be forgotten, though.

Love,
Hilda

Although she experienced an unusually traumatic adolescence due to a difficult relationship with an overly-demanding father, this young lady seems to have "got it all together."

Because Orchard Place was newly available in 1965, a resource for this family was found...Because you and countless others cared and invested, and because many professionals got effectively involved, Hilda appears to be well on the road to returning to others much of the help she received at a vulnerable point in life...¹

In January of 1974 the Orchard Place treatment center license was increased to 44 children. Over 40 children were in residence much of the time, with many on the waiting list.

¹"Director's Report 1972," Presented to Board of Directors, Orchard Place, January 16, 1973.

Orchard Place specializes in severely disturbed children who were diagnosed, for the most part, as schizophrenic or schizoid. Admission is usually restricted to Iowa residents, however, children from out of state are referred frequently and from time to time such a child is admitted because of the appropriateness of the admission and the willingness of parents and referring agencies to follow and be involved in treatment of the child.

The meaning and value of Orchard Place is underlined in this letter from the parents of a 15-year-old boy who died suddenly, of a massive convulsive seizure, while in residence. "To the Staff of Orchard Place: Thank you so very much for all the help you gave James. You helped him understand himself better than he ever had. I feel his last days were happier for being there. Thank you."

Typical of the demand for residential treatment services were those referrals received during the month of October, 1974. Although a vacancy was not expected until January, 1975, 15 children were referred for an evaluation and possible admission three months later.

The Annual Meeting of the Board was held on February 25, 1975, at which time the committee heads and the president, as well as the executive director, gave their annual reports.

The Director's report to the Board offers the following summary:

We have treated 187 children since the first child was admitted on February 11, 1965. The staff number 63 full or part-time and as of the end of 1974 there was one child from Colorado, one from Illinois, and one from Minnesota referred by the Mayo Clinic. In 1974 Orchard Place worked with a total of 64 children in residence and as out-patients. The average in-patient population was 40 and represents a full utilization of the facility. Although the original group home facility located at 1112 Des Moines Street was demolished in September 1974, that function was temporarily transferred to Porter House and early in 1975 these youngsters were transferred to Kenyon House.

The 1974 Clinical Services Report reveals that over the previous year inquiries from parents rose 30 percent, inquiries from the Department of Social Services 44 percent, and inquiries from the Juvenile Court 69 percent. Of the 38 children referred in 1974 27 were admitted to residence.

In 1974, 30 children were discharged from residence as contrasted with 13 in 1973. During this same year 19 of the 30 discharged children returned to their parents, as compared to four of the 13 in 1973. The increase may be attributed to the broadening emphasis on family treatment and work with the child toward returning him to his own home.

Parents

Work with parents received considerable emphasis, beginning in 1967. It was realized that whatever progress was made with the child could be undone if the parents did not first support the placement, and then work alongside the staff in assuring that both parents and the child were

aiming toward the same goals. On the other hand, if the parent did really not want to or could not change or modify his/her handling of or relationship with the child, it might be in the best interest of the child to arrange placement in a foster or group home.

Parent groups were inaugurated wherein parents could work together with a therapist on common problems. This served to lessen the threat of individual contact with the casework therapist, and also allowed participants to learn from each other. A Parents' Manual was published to assist them in accepting and profiting from the separation from their child so as to effect a successful realignment when the child returned home.

By 1970, Orchard Place was working with 46 out of 62 parent units and had moved toward family group sessions and away from parent therapy group sessions. Families were seen as a unit rather than parents being segregated into a therapy group.

In the next years, increased work with parents became evident. Children were frequently taken on home visits by casework therapists, who then spent a concentrated period of time with them in a therapeutic session in the home. Parents were encouraged to visit their children and assist with their care in the living units.

Staff

People-oriented staff members were hired and trained for significant positions on the therapeutic team. It was expected that staff members possess a basic self-assurance, a capacity to relate to children and their parents, and the training necessary for the position. Staffing was seen as the key to successful and effective treatment programming and this was borne out throughout the entire history of Orchard Place. The process through which potential staff members are expected to go is spelled out in the article "Quality Control in Child Care Staff Selection."¹

The triad of child care, social work, and education was adopted at Orchard Place. The team was captained by the social worker known as the casework therapist, in consultation with the child psychiatrist. Close communication was maintained with the child care and teaching staff by frequent inter-staff meetings. Communication and collaborative staffing became crucial and cardinal issues in assuring effective treatment. Child psychiatric consultation was used sparingly so as to avoid an inordinate dependency on the outside expert consultant. The growth of the staff is illustrated in Table 5. A staff manual detailing policies

¹Merwin R. Crow, "Quality Control in Child Care Staff Selection," Child Welfare, 54, No. 7 (July, 1975), 513.

Table 5
Growth of Staff by Categories

Category	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
ADMINISTRATION ¹	1	1	1	1	3	3	3	3	3	5	4
CASEWORK ²											
Full-time	1	2	2	4	4	5	6	7	7	7	10
Part-time	2	2	1	1	4	4	3	5	2	1	1
CHILD-CARE ³											
Full-time	1	3	9	18	19	20	21	22	22	22	28
Part-time		1									5
EDUCATION ⁴											
Full-time	1	3	4	5	6	7	7	7	9	12	10/7*
Part-time			1								
SUPPORT ⁵											
Full-time	2	3	3	3	3	3	5	5	5	6	6
Part-time	1	3	3	5	5	5	3	4	4	3	4
TOTAL											
Full-time	6	12	19	31	35	38	42	44	46	52	65
Part-time	3	6	5	6	9	9	6	9	6	4	5

¹Includes Executive Director, Administrative Assistant, Office Manager, and Assistant Director.

²Includes Casework Therapists, Psychiatric and Psychological Consultants.

³Includes Child-Care Workers, Youth Service Workers, and their Supervisors.

⁴Includes Teachers and their aides.

⁵Includes Maintenance Men, Cook, Housekeepers, Secretaries and Bookkeeper.

*Indicates additional staff to handle Therapeutic Learning Center Program.

and procedures was begun early and updated throughout the next ten years. Personnel policies and practices were designed in 1964 and later refined in light of progressive practices increasingly accepted among social service agencies.

The staff expanded as the number of children in residence grew. As mentioned in the previous chapter, several staff members had been hired long before the first child was accepted, but by 1966 there were 10 full-time and six part-time staff members.

Orchard Place early effected a relationship with university and college students desiring front-line experience with disburbed children. Numerous students found this a satisfying career and determined to pursue work with children further while others decided to attain further education. Numerous former student interns were employed on the staff (see Table 6).

In 1966 the Child Development Department at Iowa State University began placing students in the Child Care Department at Orchard Place for their six-week field work period. In addition, the Stewardess Club of Des Moines inaugurated and provided over twenty teacher aid volunteers for the campus school.

A major problem in the early years was finding sufficient people qualified to serve as live-in cottage staff. After two years of struggle and continuous discussion, the

Table 6

Students and Training Programs Under Orchard Place Supervision

Training Program	1966	'67	'68	'69	'70	'71	'72	'73	'74	Total
Iowa State University:										
Child Development	2	11	9	11	6	2	2	6	3	52
Elementary Education	2									
University of Iowa:										
Graduate School of Social Work		1	2	2	2	2	2	1		12
Graduate School of Education							1	1	7	9
Drake University:										
Graduate College of Education									3	3
Pre-professional Social Work				3	2	2		1		8
University of Northern Iowa:										
Elementary Education					1	1	3	5	3	13
Des Moines Area Community College:										
Child Care and Guidance							2	2		4
New Careers Teacher Aide Trainee					1					1
Work Incentive Child Care Trainee					1					1
Mental Health in the Classroom Seminar			102	140	128	83				453
Robert Gants Memorial Seminar									220	220

decision was made to seek non-live-in staff. Staffing included a modified three-shift system. Morning staff (7:00 AM-3:00 PM) assisted by awakening the children, preparing breakfast and seeing the children off to community or campus school. They were available to children who were unable to attend school. Afternoon staff (1:00 PM-10:00 PM) were responsible for after-school activities, evening meal time coverage and therapeutic recreation programming. Night staff (10:00 PM-9:00 AM) worked four nights on and four off and handled any night problems with the children. Washing, ironing and certain housekeeping duties were performed by night staff. The morning and afternoon staff worked four days on and two off and were primarily college trained.

By 1967 the staff had increased to 21.

As Orchard Place began to program for more disturbed youth, fewer parts of the milieu could be left to volunteer staff, thus the diminution of the volunteer program was inevitable. However, Orchard Place remained committed to its training functions in the fields of education, social work, and child development.

Under the aegis of the staff, the first seminar on Mental Health in the Classroom was held, with non-academic credit granted for the four-session Adult Education Series by the Des Moines School System and other school systems in central Iowa. One hundred and two teachers attended this first in a series of seminars that were held each of the

next four years.

During 1968 Orchard Place also organized a film-training program for its own staff and for the staffs of other social agencies in the community. These were held twice a month and were well attended.

From a dual cottage supervision system (one supervisor for each two-unit cottage) a single Cottage Coordinator system was inaugurated in July 1969.

In 1969 a scholarship program was established by the Board to enable Orchard Place to send promising staff members to graduate school to obtain a Masters Degree in Social Work. The program provided tuition, books, and a stipend of \$200 per month for 18 months, and required a commitment from the student to return to Orchard Place as a caseworker therapist for a specified period. Carolyn Reynolds (now Carolyn Hejzmanek), a child-care worker, was the first recipient. The second casework training scholarship was offered in 1972 at \$150 per month for 16 months to Barbara McDonald Faidley, who incurred a commitment to Orchard Place for a corresponding number of months. The change in stipend and duration was brought about by the greater availability of trained staff as well as a limited funding source. The Board voted to use the Memorial Fund, replenished by donors in the name of deceased friends, as the sole source for the scholarship program. This was borne out of a commitment to promote from within by means of training top quality child care

workers as casework therapists.

To achieve appropriate psychiatric consultation from a highly specialized child psychiatrist, a plan was devised to bring a Menninger-trained child psychiatrist from Topeka for two days a month. This was particularly critical in that Des Moines no longer had a resident child psychiatrist and earlier arrangements for psychiatric consultation with the Child Guidance Center of Des Moines could not be continued. Donner Dewdney, M.D., began working with the agency under this arrangement in December 1969. In 1974 he joined the staff as Medical Director and Clinical Services Supervisor.

In 1971, for the first time, no volunteers were used in the program. This was primarily due to the severe level of disturbance then being treated and the need to effect consistent and stable relationships with each child, something not easily achieved when volunteers are used. Prior to this time, as mentioned above, several volunteers had participated each year and the Stewardess Club of Des Moines had provided teacher aides for the school program.

As Orchard Place became known throughout the Midwest, the number of candidates for staff positions increased. In 1972, for example, 73 women and 60 men applied for positions as child workers, all of them with bachelor degrees. Of these, 11 women and 5 men were hired.

A 1973 survey by the American Institute of Research,

Palo Alto, California, which developed a source book of innovative programming throughout the country for cross dissemination among the participating agencies and facilities, covered 33 institutions including Orchard Place. Agency staff received \$500 under this federal study to permit them to visit institutions similar to Orchard Place from which staff could learn and with which they could exchange program information.

The May 1973 death of Robert Gants, then Community Consultant on the Orchard Place staff, was a severe shock and necessitated immediate realignments in the consultation obligations of Orchard Place. With his widow's agreement, a memorial fund was set up to be used for special speakers and seminars dealing with treatment of emotionally disturbed children.

In early 1974 the Des Moines School System requested more time for consultation at three inner-city schools. This led to a contract with the Specific Prescription Education Learning Laboratory (SPELL) program, and entailed work with the children, families and staff of these junior high school-based programs. SPELL was designed to assist the child with subject area difficulties to achieve at a higher level and at the same time learn to relate more appropriately to the school classroom setting.

This consultation request was the result of an earlier involvement with the Douglass Learning Center for Junior

High School students who had dropped out of regular school but attended half-day, short-period classes at the Des Moines YMCA. The Orchard Place consultant assisted the teaching staff to perceive the emotional traumas being lived through by the child and program accordingly.

Director

As mentioned in an earlier chapter, Merwin Crow was Executive Director of Orchard Place during the period covered in this chapter. In addition to his regular duties at the agency, he taught part-time at Drake University each year during his tenure at Orchard Place. This lectureship in the Sociology Department served to afford visibility to the program and enhanced the training commitment of the agency. In addition, prospective interns and staff were discovered.

Because of his increasing teaching responsibilities at Drake and involvement in setting up a pre-professional sequence in social work, Mr. Crow, in 1966, attended a two-week seminar related to undergraduate social work education at the University of Maryland on a scholarship from the U.S. Department of Health, Education and Welfare.

In 1967, he was actively involved in community social service activities as Program Chairman of the Midwest Regional Conference of the Child Welfare League of America, and also in the massive effort involved in promoting the

reorganization of the Board of Control and the Department of Social Welfare into a merged Iowa State Department of Social Services. Later that year the Iowa General Assembly passed the legislation necessary to effect this change.

A number of requests for consultation, received from other children's institutions in the midwest involved the Director in assisting the Boards and directors of those agencies to understand the challenge, process, and problems of reprogramming for residential treatment of emotionally disturbed children. The Board adopted a policy permitting the director to spend one day with any Iowa agency requesting consultation without charge to that agency other than travel expenses.

Continuing involvement in community projects led the Board to encourage the Director to participate in the Children's Emotional Health program sponsored by the Iowa Parent-Teacher Association. This project was aimed at preventing emotional problems and utilized eleven state-wide television stations on three different evenings to communicate its message to the homes of viewer-participants. Over 25,000 Iowans participated in this operation, in addition to the numerous volunteers who were trained to lead the home discussions. The program focused on the prevention of mental illness and the promotion of emotional health via in-house discussions using PTA-produced television films. This came to be known nationally as "Operation Prevention--The

Iowa Plan," and was an outgrowth of the Children's Emotional Health project promoted by the National PTA. Mr. Crow was project director for this venture.

At this time the Director began regular appearances on the Mary Brubaker TV Show to answer call-in questions. He was frequently accompanied by Donner Dewdney, M.D., staff child psychiatrist and medical director of Orchard Place. This activity which began in 1970 continued through March 1975.

The increasing consultant role that the Executive Director had assumed on behalf of the agency was frequently noted, for example with the Hawaii Association for Mental Health and the Iowa Congress of Parents and Teachers.

In the same year (1970) the Cedar Rapids Childrens' Home, The South Dakota Childrens' Home Society, and the YMCA Boys Home of Iowa requested consultation.

In 1971, the Director consulted with the YMCA Boy's Home Board, Hillcrest Services for Children and Youth in Dubuque, and the Lydia Children's Home in Chicago. He also spent two days with the Abilene (Texas) Association for Mental Health related to developing a children's emotional health project in their community.

In March 1972, a letter from the Child Welfare League inviting Mr. Crow to participate in its Advisory Council of Executives was read to the Board. His participation was approved and encouraged. (This group is composed of 29

members from the United States and Canada and serves as a sounding board for the administration and board of the Child Welfare League.)

Director Crow submitted his resignation at the November 1974 meeting and suggested that Earl Kelly, then Assistant Executive Director, succeed him. He proposed to continue as a consultant for as long as necessary to make the transition successful. This was accepted by the Board. Mr. Kelly was appointed Executive Director effective March 1, 1975, and Mr. Crow moved to New York as Assistant Executive Director of the Child Welfare League of America.

Board

An essential ingredient in the success of an agency is the implicit trust relationship between the Board and the staff, in particular the executive director. Without this mutually enhancing relationship, the program and services of Orchard Place could not have become a reality. Although numerous members of the Board had joined when it was still the Des Moines Childrens' Home and struggled through the final years of the old program and through the painful years of transition, a larger mission was ahead. An entirely new program for emotionally disturbed children was launched. This developmental process challenged the entire board to new levels of commitment and less direct involvement with the program and children.

Composed of thirty women for many years, the Board chose to change by adding two men in 1964. It later added five more, and by 1974 the composition was 23 women and 7 men. These men and women responded to the leadership, insights, and education afforded them in their understanding of residential treatment as a concept and the essentials of programming successfully for individual children and parents. Films, video tapes, department head reports, special speakers, and executive director's reports were used to stimulate discussion, focus perspective, define services, demonstrate needs, and sharpen issues toward effecting decisions and direction based in knowledge. For a roster of Board Presidents and a listing of members in 1974, refer to Appendix B.

From the 1969 Director's Report, two vignettes illustrate the use of case material to keep the Board informed of the conditions and progress of children at Orchard Place.

A scared, apprehensive, but confident 12-year old bedded down for his first night in Des Moines. The date, February 11, 1965. What now makes him "uniquely significant" had little to do with him. He was known to be verbally and physically abusive to his younger siblings, unable to live with his recently widowed (by reason of suicide) 30-year old mother and terribly ungovernable--having lived in two other Iowa institutions. The fact is that he was the first of 104 emotionally disturbed children placed to date at Orchard Place for treatment.

So began an exciting and challenging five years during which we have expanded bed capacity from 12 to 36; staff from 5 to 29 full time and 8 part

time employees, and from an operations budget of \$67,253 in 1965 to \$261,386 in 1969 with a 1970 projection of \$339,184. Figures and facts, though more readily understood, cannot tell the entire story. The efforts and energies of the Orchard Place Board and Staff are evidenced and vindicated in the lives of those youngsters that are changed and made adaptable to the mainstream of family, community, school and opportunity.

The parting words of one 17-year-old girl give some insight into the substantive stuff called "treatment" and how she responded:

"Orchard Place helped me a lot because I feel more about myself and people around me and how to care about people. It is different because this is the first place I have ever been, even after all the places I have lived, that people really cared for me. I can talk to people here about things that I have said and the things that I do."

In the process of enhancing board-staff relations, a summer picnic was held at the home of one of the Board members. This became an annual event and has proved invaluable in effecting a first-name working relationship.

Early in its history, Orchard Place became an active participant of what in 1968 came to be known as the Polk County Mental Health Center. This made it an integral part of the comprehensive program of mental health services for children and adults in the central Iowa "catchment" area--a new word defining a given geographic-population group to be served. This area is essentially comprised of Polk and Warren Counties.

In June 1966, Orchard Place was accepted as a full member of the Child Welfare League of America after 11 months of affiliation as an associate of CWLA. Acceptance signifies

attainment of nationally recognized standards of excellence in program, services and staff.

Public Relations

Beginning with the assumption that a residential treatment center for disturbed children would inevitably be misunderstood, the earliest efforts were directed toward educating the significant publics.

The user public consisted of referral and purchasing agencies. These agencies were kept informed of program developments by means of open houses, luncheons, and breakfasts, in the case of Juvenile Court personnel who found this time preferable. The intent of these sessions and individual contacts was to discern what type care and treatment was needed in the community and whether or not Orchard Place could program to meet these needs. Further, these meetings examined the present treatment available at Orchard Place and whether or not this was appropriate. The intent was to become attuned to community need and offer a corresponding service if it was feasible, needed, and desired.

The colleague public consisted of those professionals with whom staff collaborated on each case in treatment and included community school staff, Juvenile Court Staff, private agency staff, and the various departments of Social Service throughout the area served. School teachers and staff working with the Orchard Place child in their

classroom came to know and respect the availability of and competency of the Campus School Coordinator who spent a considerable amount of time preparing not only the child but the school in which he/she would be eventually placed. This sometimes entailed planning down to the detail of what page the child would be on in which text and on what day.

An annual luncheon at a local restaurant was held in May each year as a gesture of appreciation to those principals, counselors, and administrative support staff who, during the prior school year, had worked with Orchard Place staff to effect a child's transition to a community school. Individual conferences or lunch with colleagues added a significant dimension of understanding to the Orchard Place program. Occasional articles¹ in professional journals further served to clarify and detail the inner workings of the program and services.

The contributor public consisted of those service clubs, individuals, foundation officers, corporate heads, and others who contributed so generously to the on-going and

¹Merwin R. Crow, "Functional Program Analysis as a Prelude to Cottage Design and Construction," Iowa Journal of Social Work, 3, No. 1 (Winter 1970); Richard Jenkins, Robert A. Gants, et al., "The Family Cycle of Violence," Journal of the Iowa Medical Society, 60, No. 2 (February 1970), 85-89; Crow, "Quality Control in Child Care Staff Selection," p. 513.

special need campaigns. For example, the Compass Club of Des Moines, composed of women from New Comers Club, gave money for a birthday cake for each child. This bakery-delivered gift proved to be not only a joyous surprise for the child, but a valuable assist to the staff. From time to time the director and other staff would speak to service clubs, parent-teacher associations, church groups, etc., with an eye toward explaining the agency's services and programs. During special building capital campaigns it was common to appear before, for example, the Bankers Clearing House to ask (and receive) their assistance in funding the project.

Aware that a program such as a treatment center for emotionally disturbed children could at best be only remotely understood by the general public, the Public Relations Committee of the Board worked to assure continuing interpretive publicity for Orchard Place. The first major article, entitled "Island of Hope for Disturbed Children," by Nick Lamberto, was published in the Des Moines Sunday Register Picture Magazine on May 22, 1966.¹ This article aided the public understanding of what Orchard Place was all about. Various articles appeared from time to time during the next ten years.

¹Nick Lamberto, "Island of Hope for Disturbed Children," Des Moines Sunday Register Picture Magazine, May 22, 1966, p. 14.

In the spring issue of the 1970 Iowan Magazine, an article by LaVurn Schiffler entitled "Rich Harvest of Orchard Place"¹ described the program and services of the facility. Reprints of this were used for fund raising purposes and a great deal of visibility accrued to the agency.

The image of the agency was further enhanced by a brief film on the Russ Van Dyke Special Report show in November 1970. These clips were donated to Orchard Place by KRNT-TV, edited by the Iowa Educational Broadcasting Network, and made into a 14-minute film that explained the services and program. This was used extensively during the next three years with service clubs and church groups, as well as for staff orientation sessions.

A documentary film produced by KDIN-TV and the Iowa Educational Broadcasting network was telecast for the first time on April 23, 1973 at 8:30 p.m., and explained, using four cases, various aspects of Orchard Place's programs. It was shown on television numerous times during the next months and was seen throughout the midwest. It has won three awards for excellence since it was produced. Orchard Place purchased three copies and has loaned them for use in explaining the program to Iowa users as well as nation wide. Orchard Place was asked to attend the Child Welfare League's

¹LaVurn Schiffler, "Rich Harvest of Orchard Place," The Iowan Magazine, Spring 1970, pp. 2-7, 53-54.

Midwest Regional Conference in 1974 to explain and discuss the film.

In addition to the outreach public information efforts there were a significant number of visitors who came to see the program first hand. See Table 7 for annual details.

Table 7

Number of Visitors to the Orchard Place Campus and
Audience for Off-Campus Speeches, 1965-1974

YEAR	VISITORS TO Groups	CAMPUS People	AUDIENCE FOR OFF-CAMPUS Groups	SPEECHES People
1965			12	486
1966	24	600	49	1608
1967	51	1237	13	743
1968	77	964	16	450
1969	38	577	24	1454
1970	78	1158	43	2047
1971	61	903	55	4743
1972	62	684	36	1974
1973	77	845	29	1660
1974	52	989	41	1900

Program

As opposed to public agencies whose function is prescribed by law, private agencies can respond to issues

and program needs more readily. Orchard Place was one such agency and had latitude to move. The program, not bound to tradition or the strictures of a calcified bureaucracy, had as its first concern the treatment for children, beginning with the child in residence but not limited to those children. Early in the history of the center the children referred were classified as mild to moderately disturbed, predominantly children evidencing "acting out behavior." The diagnoses most commonly seen were "adjustment reaction of adolescence" or "neurotic trait disturbance."¹ After 1968 a decided increase in referrals of moderately to severely disturbed children was evident. Diagnostic labels more and more seen were "schizoid personality" and "childhood schizophrenia." The program was and remains child centered and reality based. Parents are included throughout the intake, treatment, and discharge processes.

A small day school program that started in 1966 handled from one to three outpatients was dropped in 1969 to concentrate program energies on the in-patient population. A Prep Class was operated on campus to assist youngsters who did not have the basics necessary to function in one of the four special education classrooms in the campus school. This program assisted the child, on a one-to-one basis, to distinguish one number from another, develop basic elementary

¹See Glossary.

reading skills, and generally organize himself or herself for the demands of the small special classrooms at Orchard Place. These classes, in turn, were designed to assist the children to return to main-stream school.

By 1970, there is evidence that the living management, casework, and educational programs were functioning more smoothly together to individualize treatment programming for each child in residence. Log charts on every child, every-day, for example, were kept to describe the child's progress based on a prescription sheet on each child in each cottage. This assured that all staff on all shifts took the same approach to a given child.

The staffing grant earlier turned down by HEW was reapplied for with the Des Moines Child Guidance Center under the aegis of the Polk County Mental Health Center and was received. The Child Guidance Center then operated three satellite centers staffed and programmed by them, and Orchard Place developed two therapeutic learning centers at locations chosen in concert with the Des Moines Community Schools. These Therapeutic Learning Centers provided a learning resource for high-risk emotionally disturbed acting-out elementary school children who could not be appropriately managed within the usual school setting but did not need intensive in-patient treatment. Each center served ten children and was staffed by two teacher assistants, one teacher aide, a consulting teacher supervisor, and a

consulting child psychiatrist, as well as a casework manager of the project. The first locations were at Howe School and at Dunlap School.

Later, the campus school added a work-study program. Five students were enrolled at the outset and three more joined later. This program was designed for the older student who is capable but slow to learn. Students were placed in part-time jobs in the third year of their participation and received counseling and guidance from the Orchard Place staff. Mr. Robert Wilkins was in charge of this program.

Facilities

After looking at 25 possible sites, a rolling wooded five-acre plot was purchased in the center of a newly-anexed township on the south side of Des Moines. Adjacent to the south is Kurtz Junior High School, to the west, Southtown Swimming pool, to the east, commercial property, and to the north, single family dwellings. The location was insulated from a densely populated, highly built-up area, but not isolated. It is close to three grade schools, and near public transportation, shopping centers and churches.

Six architectural firms were interviewed and Charles Herbert and Associates was selected to design the first cottage for 12 children originally, which cottage now houses 20 children. Functional in design, the facility cost \$135,000

Table 8

Programs and Services Beyond Residential Treatment

Out-Patient Day School	1966, 1967, 1968
Out-Patient Day Nursery	1966, 1967, 1968
Prep-Class for Residents	1969 to present
Foster Home Finding License	1971 to present
Group Home Care	1970 to present
Special Foster Home Program	1974 to present
Therapeutic Learning Center Program	1974 (prototype) to present
Consultation Service:	
Programmatic ¹	1968 to present
Administrative ²	1969 to present
Clinical Service ³	1971 to present

¹Programmatic Consultation consists of aiding agencies to determine the program-service areas into which they should go and/or could tool up for. Such consultation has been rendered to agencies in Illinois, Iowa, Nebraska, Hawaii, Texas, Connecticut, South Dakota, Michigan and Colorado.

²Administrative Consultation involves specific counsel with the administrator of a given program, agency board, or department responsible for administering a given program. Agencies in Iowa, Illinois and Hawaii have received this service.

³Clinical Consultation entails the direct evaluation of or counsel with a child or his parents with an eye toward assisting the agency to appropriately and effectively deal with the child. Such consultation has been rendered to four Iowa communities--Des Moines, Johnston, Dubuque, and Newton.

and provides individual and double rooms for boys and girls who are grouped essentially by age in one of two units in the cottage. On the two-thirds excavated lower level of the first cottage, a large recreation room is located and the first campus school was located on the north lower level. The farm house that came with the property was remodeled into an office facility, and provided conference and office space for the administrative and therapy staff until it was converted to a group home in 1974, after the Therapy Complex was occupied.

In the face of increasing demands for residential treatment services, a fund drive to raise \$175,000 to build a second cottage was launched in May 1966. The actual cost of the cottage was \$227,000 and additional funds were raised to meet this total expense. Close tabs were kept on the drive, and over \$109,000 had been raised or pledged by September 1966 when the Board authorized the President, Mrs. Peak, and Director Crow to contact the architect and proceed with plans to build. Construction began in June 1967. A floor plan similar to that of the first cottage was used, but without a fully equipped kitchen, since hot food was to be delivered by thermal cart from the first building. The new cottage had a full lower level to provide four classrooms, a library, and teacher's office at one end, with a garage-shop and lounge at the other. A closed unit with two locked bedrooms was designed into the upper level center unit in the

face of increased requests to take more disturbed children who would need a protective and secure environment during particularly stressful times. The new cottage was opened and occupied in February 1968. Additional staff had been hired and trained during the previous two months, and more children admitted than could comfortably be handled by the old unit, in anticipation of the new facilities.

With the new cottage in operation, a gradation plan was inaugurated. There were four units of ten beds each available, so each unit was to be handled as a distinct environment, graded from a highly structured Unit One to a near-group-home model in Unit Four. Conceptually this looked good, but after six months of trial it was abandoned because the distribution of children was never uniform enough to keep the units in balance. The gradation plan was replaced by a cottage team approach which called for a cottage leader in each building of two units. This person essentially called the signals and was on hand to supervise staff and see that treatment plans were carried out. This brought authority to where the action was and proved effective.

Although the need was demonstrated, almost on a daily basis, for a closed, intensive care unit, and the Board authorized the exploration of this with the architect, construction was not pursued. Rather, in 1969 the Board voted to construct an administration and recreational facility, to

be completed by 1971. (This was actually completed and occupied in 1974 due to delays caused by the request for additional information to support the application and the lack of sufficient funds appropriated by Congress.)

In March 1970 the decision was made to continue with the administration and recreation building and also to turn the former administration building, Porter House, into a group home on an experimental basis. In May of the same year the agency had an opportunity to acquire Wesley Place, a group home on East Des Moines Street then operated by Hillcrest Services for Children and Youth. They no longer wished to operate the facility from their Dubuque headquarters, and offered it, including furnishings and equipment, for \$1 and other valuable considerations--essentially that the function of a group home be perpetuated. With the approval of the Health Services Advisory Committee of the Health Planning Council of Central Iowa, and the qualified approval of the Orchard Place Board, the facility was accepted. It provided six additional beds for boys in a half-way house setting and enabled Orchard Place to extend its program significantly. The qualified nature of the Board's approval related to their mandate that it must be entirely self-sustaining. It was kept solvent.

In 1971 a federal grant was announced,¹ in the amount

¹"\$349,225 U.S. Grants for Polk Mental Health Projects,"
Des Moines Tribune, June 30, 1971.

of \$155,211, to permit Orchard Place to construct a Therapy Complex, to include a gym, central office building, and central kitchen. This was received in concert with the Polk County Mental Health Center, whose grant was to be applied toward the construction of a new clinic building. Orchard Place's portion of the grant represented only 32 percent of the anticipated cost of the Therapy Complex, rather than the usual 50 percent federal participation. There was a possibility, however, that additional federal funds would be available at a later date and such funds did eventually total \$267,500 or 50 percent of cost.

The Building Committee presented preliminary architectural sketches at the September 1971 meeting, and was authorized to have working plans for the complex finished by December 31, 1971, and ready for bidding by March 31, 1972, with construction to begin immediately thereafter.

The Appeals Review Board of the Des Moines Chamber of Commerce approved the Orchard Place Building Fund appeal for \$350,000, to be raised between January 1 and April 30, 1972. The fund drive actually raised \$394,000.

The Therapy Complex was completed and occupied in August 1974. A formal luncheon for the donors of the Therapy Complex was scheduled for September 24th, with an open house for social agency staffs on October 4th and 18th. A special dedication and open house for the general public was held on Sunday, August 27th.

In January 1972 a Site Committee was appointed to work with the Director to find a site on which to locate a new group home which was to be partially federally funded. A 3½ acre site at Southwest 13th and Kenyon was finally bought, on which a ten-child group home was erected. Construction began early in March 1973.

The new group home was funded by federal funds plus the remainder of funds originally raised for the Therapy Complex. This was made possible by the fact that the federal grant for the Complex, originally \$155,211, was later raised to \$267,500. As a result, some of the funds raised by Orchard Place (\$394,000) for the Complex became available for a second building project and were used to cover the matching funds requirement of the federal funds for the Kenyon House Group Home. Kenyon House was opened for residence in January 1975.

The Board also approved the Director's request to develop Porter House--the original residence at 925 SW Porter--as an admission/evaluation center and secondarily as a quarterway house for youngsters who need a less intensive structure than that of the in-patient program but were not yet ready for a group home. At the end of six months this project was to be evaluated by the Director and the Services Committee to determine its future.

See Table 9 for a complete profile of funding sources and costs for each of the four Orchard Place construction projects.

Table 9

Funding Sources Related to Cost of Four Orchard Place Buildings

SOURCE Year Occupied	Cottage I 1965	Cottage II 1968	Therapy Complex 1974	Group Home* 1975
Donations	\$ 32,476	\$227,000	\$269,500	\$124,500
Federal Funds	000	000	267,500	123,500
Sale of Original Property--net	84,000	---	---	---
Bequest**	18,524	---	---	---
Total Cost***	\$135,000	\$227,000	\$537,000	\$248,000

*Group Home is also known as Kenyon House.

**Timely receipt of Bequest applied direct to cost.

***None of the above include the cost of land. The first three buildings are on the Main Campus whereas the Group Home is located on a 3½ acre West Campus located at 1301 Kenyon.

Funding

The Orhcard Place program began with an accumulated endowment from the Des Moines Children's Home of \$746,177 in 1963 and saw this grow to over one million dollars by September 1972, only to decline to \$707,335, late in 1974, due to the drop in the stock market. Such a drop earlier in the history of the Des Moines Children's Home had caused much hardship but Orchard Place did not suffer in the same way, since it proved possible to maintain a steady yield of between \$30,000 and \$40,000. These funds were available for use in partial subsidies of the operating budget and to finance innovative programs.

Indicative of the phenomenal growth of the program, operations expenses grew from \$26,174 in 1964 to \$557,721 in 1974. Per diem rates charged for treatment were increased annually to cover the increasing expenses and extended services, going from \$10 per day in 1965 to \$30.50 in 1974. (Out-of-state rates were always higher--\$12 per day in 1965 to \$36.50 in 1974). (See Table 10.)

The Iowa Department of Social Services, considerably more committed to the health and treatment of children than many states, redoubled its efforts in 1973-74 with purchase of a service master-contract that essentially covers all costs of treatment of a disturbed child. The child's parents then are asked to pay the department a sum which is fair and appropriate to their income.

Table 10

Annual Operating Expenses Related to Per Diem Charges and
Total Number of Children Worked with in Care

Year	Annual Expenses	Per Diem Charges*	Total Children in Care
1964	\$26,174		0
1965	67,253	\$10/12	15
1966	89,808	10/12	26
1967	111,391	12/15**	45
1968	194,500	15/19	55
1969	261,386	18/22	50
1970	307,978	23/28	50
1971	378,343	25/30	53
1972	422,514	26.25/31.50	58
1973	481,017	27.25/33.50	67
1974	560,259	30.50/36.50	70

*The first figure indicates charges for in-state children, the second for out-of-state children. The second figure represents full cost of care and treatment per child, per day.

**Raised on April 1, 1967, instead of January 1 as in all other years.

Chapter 6

CONCLUSIONS, TRENDS AND PROJECTIONS

The developmental phases of the Des Moines Children's Home, later renamed Orchard Place, have been discussed in prior chapters and summarized at the end of each. This chapter will relate to chapter five and highlight significant national trends and relate them to the likely future of Orchard Place. Much of the material on trends derives from the unpublished proceedings of the National Conference on Group Care (New Orleans, Louisiana, January 13-16, 1976). This material will be published by the Child Welfare League of America later in 1976.

There is an ever-present and seemingly unending number of emotionally disturbed children in need of residential treatment. From the best available sources, it is clear that over 28,700 disturbed children are served annually in residential treatment centers.

17,080 children and adolescents under 18 were in 340 predominantly private residential treatment centers on 12-31-73. (Only 2 percent of the beds in these centers were under governmental auspices.) New admissions during the calendar year 1974, plus those in care on 12-31-73 added up to 28,709 children and youth for the year.¹

¹Michael Witkin, Division of Biometry National Institute of Mental Health, phone conversation, reported in 1-29-75 letter from Martin Gula, Specialist on Group Care, Department of Health, Education and Welfare, to Joseph Reid, Executive Director, Child Welfare League of America.

What is not known is how many children who needed help were turned away for want of space or a setting appropriate to their need. The Joint Commission on Mental Health of Children pointed up this dilemma:

Because there are not enough residential treatment centers and other specialized facilities, many children are placed in a number of inappropriate settings where their problems are likely to become more, rather than less, severe.¹

Continuing the concern with the matter of quality of programming for children, the Joint Commission postulated a rather dismal picture:

Progress is not likely to be made until we take a hard look at current practice. This is not an indictment of any state or professional group. There are good residential treatment centers throughout the country, and under varied auspices, inspired by psychiatrists, teachers, social workers and psychologists, at varying levels of cost. And there are many bad institutions that are underfinanced, understaffed, and poorly housed, whose devoted and overworked professional staffs know better than anyone how much needs to be done. On the whole, we are doing a very poor job in supplying residential care for disturbed children.²

Beyond these known facts lies another disquieting fact, namely, that of inadequate record keeping and the need for a unified, unduplicated, well-defined data-gathering system so as to know the actual parameters of the situation,

¹Joint Commission on Mental Health of Children, Crises in Child Mental Health: Challenge for the 1970's (New York: Harper and Row, 1969), pp. 272-73.

²Ibid., p. 273.

without which accurate projections cannot be made. This was emphasized by participants in the National Conference on Group Care.

Beyond the quantity/quality problems in the field, the matter of funding concerns most administrators. Funding mechanisms have been dramatically reversed. Church support and United Way funding are diminishing, and governmental funding both at the state and federal levels is increasing. A growing emphasis on occupancy levels suggests that high per diem costs, for whatever reason, are suspect and particularly so if the occupancy rate of the program is sufficiently low as to push the rate per child up. Purchase of care formulas in several states are geared to percent of occupancy, most notably in Wisconsin and Oregon.¹

To substantiate the need for higher costs, a more stringent accountability process has emerged. An emphasis on outcomes and measurable results has moved many programs toward such treatment modalities as behavior modification because it is easily measured. That is to say, if the treatment goal is to assist a child in not wetting the bed for example, the behavior modification adherents set up a program designed to reduce the symptom through rewarding

¹Morris F. Moyer, "Group Care in North America," an unpublished working document utilized by The Child Welfare League of America for the Conference on Group Care, New Orleans, Louisiana, January 13-16, 1976.

corrective nonwetting behavior with reinforcers that have meaning for the child.

This trend toward quick and measurable results is commendable but suspect as a solution to the accountability issue; nonetheless, numerous treatment centers have pursued this end.¹

Along this line, pragmatic measurements of effectiveness have been needed in the field for sometime--thus, if a program is to be capable of treating a child successfully, it should be measurable and provable. In this writer's opinion, the qualitative assessment of a clinical practitioner is too often set aside in favor of the quantifiable measurement instrument's results. This is felt to be a serious mistake in that the professional judgment of a trained and experienced practitioner is subordinated to a standardized instrument without regard to his therapeutic relationship with the patient, a relationship that hardly lends itself to the scrutiny of an impersonal test instrument. It would seem that both judgment, albeit subjective and relational, of a professional and the presumably objective test instrument or structured treatment approach could both be used effectively. This bears more practical research.

¹Lakeside Children's Center (Milwaukee) is an example of this phenomena. Psychoanalytically and long-term treatment oriented, this agency switched dramatically to a behavior modification model in order to survive fiscally. This is the agency referred to on page 55.

Another trend relates to the entry of the proprietary- (for-profit) contingent into the service-delivery of residential treatment. The circumstances under which these programs flourish, other than the desperation of the placement agent, is that they will accept most any child regardless of his disability. This all-efficacious banner allures the desperate placement agency that has exhausted the usual resources for children in its community. The difficulty with the typical profit-making residential treatment center is the skimming of a high overhead and profit out of a competitive per diem rate, which may reduce the quality of these programs dramatically. There are numerous ethically sound programs throughout the United States that deliver substantive treatment programs for children, few of which are proprietary.

New treatment models include an increasing emphasis on family treatment. This is a particularly interesting trend in that some of the early programs were adamant in the exclusion of the parents who were held responsible for the problem and who were not allowed to participate in a probable solution. A 1972 survey of trends by the Child Welfare League revealed:

Residential treatment was the locus of a substantial number of the services reported. Four of these have to do with strengthening the role of the family in relation to treatment of the child. One agency had received foundation support to supplement its work with the family during the youth's institutional stay and with the youth and his family upon his return home. Another agency tried to obtain the family's cooperation in a plan for the caseworker to visit the family for a half-day, full-day or over-night stay in order to observe the relationships among family members and their life-styles

in their own surroundings. The third treatment center brings the parents of 6-12 year olds into the residence for part of the day to share some of the responsibility for the child they would carry at home and to give the staff an opportunity to observe and make suggestions to the parents about their handling of situations. A fourth center serving older adolescent girls developed a counseling service for girls trying to live independently in the community.¹

This family emphasis was substantiated by Marshall and Stewart, who stressed that many treatment centers have moved beyond their specific in-house, on-grounds programs toward increased involvement of families and the use of community-based group home care.²

Kadushin, who has written extensively in the area of out-of-home care for children, stressed parent involvement, among other trends. He noted four movements in residential treatment:

1. Increased involvement of parents in the child's treatment program.
2. Differential diagnosis that would lead to focused utilization of treatment for specific children.
3. Increased admission of severely disturbed children.
4. An attempt to make the institution less "institutionalized" and more relatable to its constituents.³

¹Child Welfare League of America, Recent Changes in Services and Service Delivery Patterns in CWLA Member Agencies (New York: Child Welfare League of America, February 1972), p. 7.

²Karl A. Marshall and Malcolm F. Stewart, "Day Treatment as a Complementary Adjunct to Residential Treatment," Residential Treatment of Emotionally Disturbed Children, eds. George H. Weber and Bernard J. Haberlein (New York: Behavioral Publications, 1972), p. 220.

³Alfred Kadushin, Child Welfare Services (New York: Macmillan Co., 1967), p. 554.

A recent publication popularly known as the Hobb's Report and related to the Project on Classification of Exceptional Children, ranks "Support for Parents" high in terms of priorities for resource allocation.¹

Another trend has been an emphasis on the comprehensive community mental health center as a means to deliver treatment services to emotionally disturbed children. The residential treatment center is seen as an integral part of the comprehensive program available to the child and his family. D'Amato proposed that a residential treatment center become a community mental health center and serve a multi-purpose function in concert with other community agencies. In his view, coordination is the primary responsibility of the center.² Berman would support this trend. He emphasized the relatedness of the treatment center to the whole network of existing social services and agencies, making available a continuum and spectrum of services to all children needing them.³

¹Nicholas Hobbs, The Future of Children: Categories, Labels and Their Consequences, a Project on Classification of Exceptional Children (Nashville: Vanderbilt University Press, 1975), p. 37.

²Gabriel D'Amato, Residential Treatment for Child Mental Health (Springfield, Ill.: Charles C. Thomas, 1969).

³Samuel P. Berman, "Some Lessons Learned in Developing a Residential Treatment Center," Child Welfare, 40 (April 1961).

A linkage system that works requires that the child in need be connected with the resource that can pay the charges and find the range of resources that best meets his needs. Not only must this characterize an effective linkage system, but the child must be able to be moved back from the treatment center to the most desirable placement for the child. This placement might suggest a group home, foster home or his own home so as to try to keep the child linked to his origins whenever possible.

Beyond the social service system, the juvenile justice and educational systems of the community will need to be responsive to the needs of the special child.

Throughout the Group Care Conference the fact most lamented, beyond the scarcity of funding, was the lack of an adequate linkage system in most communities. A recognition of this problem has led to a trend to make services available in many communities by means of consortiums of providers, central intake or a no-refusal system. The consortiums tend to assure a spectrum of service availability, whereas central intake allows for a single entry point via an appropriate diagnostic assessment of actual need. The no-refusal concept, though rare in practice, is extremely difficult to implement in light of the multiplicity of cases and the severity of many. Nonetheless, more and more referral sources are opting for a system that accepts rather than rejects children. This is a construct that speaks of ideals

rather than actuals, but a goal worth pursuing.

Numerous residential treatment centers have linked with comprehensive community mental health centers to assure a spectrum of services for children as well as adults, ranging from outpatient and diagnostic services to in-patient and moderate term treatment services. Such agencies have had to broaden their expertise in hiring and programming beyond the original single-function services offered. This has also required an admission of lessened territoriality and parochialism in favor of a more comprehensive and concerted program effort for children.

Another matter at issue enforced by recent court decisions has been the emphasis on children's rights specifically related to whether or not the child may be placed in a treatment resource by his parents or legal guardian. An example of this is a current Pennsylvania case--Bartley v Kremens--in which a three judge panel decreed that all children have constitutional rights which, in order for a parent to place a child in a hospital or institution for the retarded or mentally ill, requires court permission and court monitoring. The defendants are appealing and the U.S. Supreme Court is expected to hear oral arguments during the 1976-77 term.¹

¹Child Welfare League Newsletter, 6, No. 2 (May-June 1976), 3.

A move by individual states that will impact on residential treatment centers is the mandated exclusion of status offenders from the juvenile justice systems of the states. Specifically, juveniles who are truant, ungovernable, incorrigible, or evidencing similar non-criminal behavior will not be admissible to state training schools. Only juveniles who are convicted of actual criminal behavior will be committed to state-run training schools via the juvenile justice system. Thus the non-criminal status offender will be worked with while living at home or will be placed, when indicated, in a community-based alternative facility such as a group home or a residential treatment center. The impact of this will be an over supply of children in the child welfare system and will strain the in-patient facilities available. A careful and massive response to this legislative action will be required. The action itself is timely and not contra-indicated in light of the generally poor state of the juvenile justice systems of many states which tend to entrap children in them, without regard to their actual needs or without a goal-directed remediation program.¹

Summarized, ten trends having impact on the field of residential treatment for emotionally disturbed children are:

¹ Kathryn W. Burkhart, The Child and the Law: Helping the Status Offender, Public Affairs Pamphlet No. 530 (New York: Public Affairs Committee, December, 1975).

1. The numbers of children needing care continues to increase is unlikely to slow down.
2. The quality of many programs is marginal at best.
3. Funding for residential treatment has improved and is primarily tax-based rather than philanthropic.
4. Accountability and effectiveness measurements are essential and have encouraged the proliferation of easily measured services without regard to their long-term appropriateness to actual child needs.
5. For-profit providers in the residential treatment field frequently propose to offer ready solutions to difficult problems designed to reap maximum profit, rather than to assist the child to health.
6. Parental involvement, rather than suspect and uninvited, is emerging as an essential ingredient for a successful residential treatment program.
7. To assure a comprehensive program of services for children, many treatment centers are teaming up with comprehensive community mental health centers or agency consortiums to offer an array of in- and out-patient services.
8. Effective linkage systems that connect the many service component programs in a given community are providing a wholistic emphasis to the delivery of services to children in need.
9. The importance of a child's constitutional rights

has become more evident and may need to be brought into perspective with the child's right to health which may require the temporary setting aside of his right to freedom.

10. The move to require that status offenders not be placed in state training schools will severely tax existing community-based facilities and necessitate the development of other and additional community programs.

National Trends Having an Impact on Orchard Place

In specifically analyzing the foregoing trends as they relate to Orchard Place it is evident that many will bear directly on the shape of the agency's future.

In program funding the State of Iowa has shown an increased progressiveness, and has come under a unified purchase-of-service contract, which allows for a 105 percent of cost payment to the agency for 360 days per year. There are certain exclusions, but none to the detriment of treatment programming for children. This pattern is one that could well serve as a model for other states throughout the country. Orchard Place has not needed United Way funds, nor has it had to dip appreciably into its endowment resources to provide ongoing operations funding, but uses endowment income currently to provide funds for cutting-edge programs for the community served.

One problem area for this agency, as for many others, will be in measuring effectiveness and assuring accountability required by local and federal funding agencies. In its favor is its track record, which, though not easily measured in quantifiable terms, is very much evident in the high adaptation level of the children served.

Fortunately for the state of Iowa, for-profit agencies in the residential field have been kept relatively well-controlled except for their tendency to overprice their services in the market. The State Department of Social Services has thus placed a \$50 lid on the per diem charges for group care. This is an administratively effected limit, rather than a legislatively imposed one and can be rescinded when abuses diminish.

Orchard Place has regarded parental involvement in treatment as essential for effective work with children. Parental involvement was an early ingredient in the program and received greater emphasis as more disturbed children were admitted.

As a part of a comprehensive community mental health center, Orchard Place qualified under the requirements of the State Mental Hygiene Committee as a community mental health center, whereupon it also qualified to receive Medicaid funds under Title 19 of the Social Security Act, for psychiatric services delivered to children. This is particularly applicable on an outpatient day treatment basis

and allows an additional source of funding for children who do not need residence but can make use of child psychiatry services available through the Orchard Place program without having to be in any of the live-in programs of the agency.

A weakness in Iowa has been the linkage system. It is evident that as comprehensiveness of service is more and more achieved for children, and as Orchard Place moves into purchase-of-service contract arrangements with the regional office of the State Department of Social Services, linkage systems are strengthened and tightened. Links between resources for special children allows for the most appropriate treatment for the child. This would suggest the possibility of a centralized intake in the regional office of this Department to assess children and define the most appropriate placement for them nearest their own home. Orchard Place, early in 1975, began to offer a diagnostic and prevention program designed to properly assess children and offer a differential diagnosis based on the child's need, whether or not it could be met within the Orchard Place program. In this sense, the agency acted as a diagnostic and referral center for and with county departments of social service and other community social agencies desiring such services.

The constitutional rights issue can be a major issue requiring compliance with various laws and court decisions. At this juncture, however, Orchard Place has had virtually no difficulty on compliance and it is unlikely that it will.

This is particularly true in view of the fact that the child's right to mental health is seen as paramount when the child is placed in a residential treatment center designed to help him move toward health. It is quite likely that he will be surrendering rights to freedom and community access in view of the necessity to move toward health by means of a defined commitment to an intensive program of residential treatment. Although this seems incontrovertible in the face of mental illness, there continues to be a contingent of child advocates who see freedom as essential and illness something to be overlooked.

As the number of status offenders placed in child welfare agencies throughout the country increases, so will the number of children in Iowa placed at Orchard Place and in other similar treatment institutions. Orchard Place very much needs to program along a continued broad spectrum of out-of-home services for emotionally disturbed children whether they come from the Juvenile Justice or child welfare systems.

On the whole, Orchard Place appears to have a bright future, since it has established itself well in the community. It has performed not only as a residential treatment center of substance, but also through its offering a relatively comprehensive array of other services on its own and in concert with other community agencies.

Program emphasis related to parental involvement will

continue with greater definitiveness in light of the necessity to engage parents meaningfully in an effective treatment process.

Orchard Place has programmed successfully and effectively for emotionally disturbed children and will continue to find its programs well utilized. The future will require a continuing diversification of programs and relatedness to evident community needs.

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APPENDICES

APPENDIX A

DES MOINES CHILDREN'S HOME

PAST SUPERINTENDENTS

1886-1887	Mrs. Walker (Louise)
1887-1890	Miss Stivers
1890-1890 (Jan.-May)	Mrs. Lewis
1890-1890 (May-June)	Mrs. Dillman
1890-1896	Miss Hetherington
1896-1898	Mrs. Carey
1898-1899 (Oct.-May)	Mrs. Holt
1899-1902	Mrs. Miller (Abbie)
1902-1932	Mrs. Cook (Elizabeth)
1932-1946	Miss Jeanson
1946-1952	Mrs. Lynam
1952-1954	Mrs. Peasley (Helen)
1954-1954 (July-Aug.)	Mrs. Lynam
1954-1955	Miss Liberata (Barbara
1955-1955	Mrs. Wright (Patricia) and Mrs. Shissler (Doris)
1955-1961	Miss Danks (Louisa)
1961-1961 (May-July)	Mrs. Morris (Ruth)
1961-1962 (July-Jan.)	Mrs. Guy Neff (Marguerite)
1962-1962 (Jan.-May)	Mrs. Guy Logue (Trenna)
1962-1963	Mrs. Morris (Ruth)
1963-	Mr. Crow (Merwin)

APPENDIX B

PRESIDENTS OF THE BOARD OF DIRECTORS
1886-1974

1886-1889	Mrs. Kate Cox
1889-1900	Mrs. A. Y. Rawson
1901-1917	Mrs. A. B. Cummins
1918-1923	Mrs. L. M. Mann
1924-1940	Mrs. Craig Wright
1941-1942	Mrs. S. P. Rollins
1943-1944	Mrs. Norman Wilchinski
1945-1946	Mrs. E. H. Mulock
1947-1948	Mrs. Herbert L. Horton
1949-1950	Mrs. Fred Lehmann
1951	Mrs. James Wallace
1952-1953	Mrs. Clyde B. Charlton
1953-1954	Mrs. F. W. Swanson
1955-1956	Mrs. James Windsor
1957-1958	Mrs. Harlan Crispin
1959-1960	Mrs. H. Kirby Shiffler
1961-1962	Mrs. D. J. Goode
1963-1964	Mrs. Marshall Linn
1965	Mrs. Fred James
1966-1967	Mrs. George S. Peak
1968-1969	Mrs. Robert Fleming
1970	Mrs. Robert Stickler
1971	Mrs. John Synhorst
1972-1973	Mrs. Marvin Hein
1974	Mr. Arnold E. Levine
1975	Mr. Edward Glazer

Note: Where years overlap, the presidency was changed, rather than at year's end, during the year. The usual term of office was two years, however, the above indicates the exceptions. Names used are those that appeared first in the record and/or most commonly, in the case of initials, or lack of a husband's given name, as in the earlier records.